



**Middletown Preschool**

Tonya Keller Community Center  
50 Bray Avenue, Middletown, NJ 07748

**Registration Information Form**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are both parents living? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_

**Other Family Members Living at Home:**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth:</u>

Child's Preferred Name: \_\_\_\_\_ Is child potty trained? \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Is your child cared for during the day by anyone other than parents? \_\_\_\_\_

**Please list an emergency contact:**

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>

Is there anyone that you DO NOT wish to pick up your child? \_\_\_\_\_

Describe any problems we should know about:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**Accident Insurance Plan Notice**

Middletown Preschool Program Accident Insurance Plan provides for all sponsored and supervised activities. Coverage will be effective during the program hours and on the days when such activities are supervised by an authorized staff representative in accordance with the activity scheduled by Middletown Preschool.

***PLEASE BE ADVISED THAT THIS IS "FULL EXCESSIVE COVERAGE" AND LIABILITY EXTENDS ONLY TO THAT PORTION OF MEDICAL EXPENSES NOT COVERED UNDER OTHER INSURANCE PLANS.***

**Cost per child:** \$6.00

**Insurance Effective Dates:** Insurance becomes effective 30 days after payment is received and is valid until the end of the calendar year (January-December).

**Section I: Currently covered by other insurance and DO NOT want to participate in Middletown Preschool Program Accident Insurance Plan.**

I do not want to have my child (name) \_\_\_\_\_ covered by Middletown Preschool Program Accident Insurance Plan, and I assume full responsibility for allowing my child to participate in all programs at the TKCC. I hereby agree to indemnify and save harmless Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of any accidents as a result of said programs.

***PHOTOCOPY OF INSURANCE CARD REQUIRED!***

\_\_\_\_\_  
Parent/Guardian Name- Print                      Parent/Guardian Signature                      Date

**Section II: Would like to participate in Middletown Preschool Program Accident Insurance Plan**

Yes, I do want my child (name) \_\_\_\_\_ covered by Middletown Preschool Program Accident Insurance Plan. Enclosed is \$6.00. I understand the guidelines for coverage and that the coverage will expire at the end of this calendar year. I hereby indemnify and save harmless Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of any accident as a result of said programs.

\_\_\_\_\_  
Parent/Guardian Name- Print                      Parent/Guardian Signature                      Date



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**Disclosure Statement**

In accordance with State Regulations, all parents (in a cooperative program) are required to provide the following information:

1. The Convicted of a Crime Disclosure Statement below- filled out by parent(s)/guardian(s) who will be working the program.
2. Your child's Health Examination Form with Immunizations completed by your doctor within 30 days upon registration and returned to us.
3. A copy of your child's Birth Certificate.

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Have you ever been convicted of a crime?

Name: \_\_\_\_\_  Yes  No  
(Printed)

Name: \_\_\_\_\_  Yes  No  
(Printed)

If yes, please explain:

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Signatures:

_____	_____
	Date
_____	_____
	Date

***This is for the safety of your children.***



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**Emergency Release Form:**

In case of medical emergency, our physician is:

**Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I hereby authorize the above physician and/or their designated associates or assistants, or his/her covering physician, or in the event these persons cannot be contacted, the emergency room physician on duty at ANY AREA HOSPITAL to provide emergency treatment on my child for the following:

- a. Any laceration, fracture or other traumatic injury; or
- b. Any symptom, disease or injury which, in the judgment of the attending physician, if untreated, reasonably may be expected to increase the risk of or threaten the health of life of my child, or threaten disfigurement or impairment of my child’s faculties.

No major surgery or life threatening procedures may be performed upon my child and no general anesthesia may be administered unless:

- a. The life of health of my child is in danger; or if delaying such treatment to obtain consent would create a threat of serious injury to the health of my child; and
- b. The attending physician and one other physician consult and agree that such treatment is necessary for the health of my child.

I hereby give my consent for admission of my child at ANY AREA HOSPITAL if, in the judgment of the attending physician, it is necessary for any treatment authorized herein.

This consent is to be effective only after reasonable efforts have been made to contact the parents to obtain specific consent to any emergency treatment. This consent is also to be used in conjunction with the hospital’s procedure for documented administrative authorization.

The children covered by this form are:

<u>Name</u>	<u>Date of Birth</u>	<u>Any known allergies</u>

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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**Neighborhood Walks Permission Slip (Pre-K Class ONLY)**

I hereby give my child \_\_\_\_\_ permission to go on neighborhood walks for educational purposes under the supervision of the staff members and/or scheduled working parents of Middletown Preschool.

This permission slip pertains to neighborhood walks that may be taken at the discretion of the teachers on any given day of the program. This permission slip does not pertain to any other trip away from the school area. Individual consent slips will be sent home for those occasions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature