

# BARNEGAT TOWNSHIP PRE-K REGISTRATION FORM

## 2016 – 2017 School Year

Welcome, your child is registering for the Barnegat Community Preschool for the 2016/2017 school year. Please fill out this packet and return to the Recreation Office along with your **\$100 non-refundable** deposit which will be applied to your September tuition bill.

CHILD'S NAME \_\_\_\_\_

### IMPORTANT - HOLD HARMLESS RELEASE FORM

I understand that there is no medical insurance coverage included in this registration for any program offered by the Department of Recreation. By participating in these programs, I assume medical insurance responsibilities for myself and/or my child. Participants in recreational activities sponsored by the Township should recognize those conditions in and about the recreational facilities and the nature of certain activities all present certain reasonable and unforeseeable risk of injury. Participants assume all reasonable risk, which may exist by virtue of the conditions existing at the facility or by virtue of participation in the activities. Participants agree to hold harmless the Township of Barnegat, its employees or volunteers in the event of accident or injury while participating in its activities and/or while using township and/or recreational facilities. We also give Barnegat Community Pre-School the right to administer/authorize emergency medical treatment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of participant or parent/guardian if minor under age)

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<u>Pre-K</u>	<b>Year round cost (before deposit)</b>
Code #1405	
Monday/Tuesday/Friday 9:30am – 12:30pm	\$1890 (\$210.00 / month)

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#### **PAYMENTS:**

***A 5% discount will be given to anyone paying in full prior to Oct 1<sup>st</sup>.***

The bill will be broken down into 9 monthly payments. All payments are due by the 15<sup>th</sup> of each month Sept – April. ***A late fee of \$15 will be assessed for all payments received after the 15<sup>th</sup> of each month.***

1<sup>st</sup> Payment due: Sept. 15<sup>th</sup> (less \$100 deposit)

5<sup>th</sup> Payment due: Jan. 15<sup>th</sup>

2<sup>nd</sup> Payment due: Oct. 15<sup>th</sup>

6<sup>th</sup> Payment due: Feb. 15<sup>th</sup>

3<sup>rd</sup> Payment due: Nov. 15<sup>th</sup>

7<sup>th</sup> Payment due: Mar. 15<sup>th</sup>

4<sup>th</sup> Payment due: Dec. 15<sup>th</sup>

8<sup>th</sup> Payment due: Apr. 15<sup>th</sup>

9<sup>th</sup> Payment due: May 15<sup>th</sup>

Your Total bill is \$ \_\_\_\_\_

Your monthly payment is \$ \_\_\_\_\_

**(Reminder a credit of \$100 will be applied to September 2016)**

BARNEGAT TOWNSHIP PRE-K REGISTRATION FORM  
Please indicate the school year your registering for: 2016/17 Pre-K \_\_\_\_\_

(Please Print)

CHILD'S NAME \_\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_

SEX: MALE FEMALE                      BIRTHDATE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

**EMERGENCY CONTACTS IF PARENTS ARE UNAVAILABLE**

(One contact must be local)

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Signature of participant or parent/guardian if minor under age)

DO NOT WRITE BELOW

FOR ADMINISTRATED USE ONLY

PICK-UP AUTHORIZATION   
MEDICAL INFO COMPLETE   
IMMUNIZATION RECORDS

SIGNED APPLICATION   
INFO TO PARENTS LETTER

**BARNEGAT TOWNSHIP RECREATION DEPARTMENT**  
900 West Bay Avenue Barnegat, New Jersey 08005  
(609) 609-0080 ext. 122 Fax (609)698-1302  
jbbroadbent@barnegat.net

To All Pre-K Parents:

In keeping with New Jersey's children center licensing requirements, we are obligated to provide you, as the parent of the child enrolled at our center, with this informational statement.

The statement highlights, among other things: your rights to visit and observe our center at any time without having to secure prior permission. The center's obligation to be licensed and to comply with licensing standards: and the obligation of all citizens to report suspected child abuse /neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Please read this statement carefully and, if you have any questions, feel free to contact me at (609)698-0080 ext. 122, 130 or 132.

Sincerely,

Jeanne Broadbent  
Recreation Director

Name of Child \_\_\_\_\_ please print

Name of Parent \_\_\_\_\_ please print

I have read and received a copy of the

1. Information to Parents Letter
2. General Information
3. Policy on Illnesses and Communicable Diseases
4. Discipline Guidelines
5. Expulsion Policy
6. Toilet Policy

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PICK UP AUTHORIZATION

2016/17

The following people **are authorized** to pick up my child. I understand my child will **ONLY** be released to the people listed. **ID must be presented to prove identity.** If you need to add or delete people from this list it must be done in writing.

**Students Name:** \_\_\_\_\_

**#1 Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**#2 Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**#3 Authorized Person** \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**#4 Authorized Person** \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**#5 Authorized Person** \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

The following persons are **NOT** allowed to pick up my child: \_\_\_\_\_

\*Appropriate custody paperwork must be attached

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_