



## Gloucester Township Recreation Department Preschool Registration Form

Program Name: \_\_\_\_\_ Location: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Additional Child: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Workplace: \_\_\_\_\_ Additional/Cell Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Workplace: \_\_\_\_\_ Additional/Cell Phone \_\_\_\_\_

Emergency Contacts: (other than parent, whom child can be released)

(optional) Name #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_ Child's Doctor & #: \_\_\_\_\_

Please include any information about your child that you feel would be beneficial (*Include any medications that your child is currently taking*):

\_\_\_\_\_

**I hereby give my approval for emergency medical care for my child.**

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

### **PLEASE READ AND SIGN BELOW:**

I, the parent/guardian of the participant listed above, so hereby consent and allow his/her participation in the above program. I agree to indemnify and hold harmless the Township of Gloucester, its agents and employees from any injuries or damages I or my child may sustain while participating in this program. **I also understand, should I need a refund for any reason, that I need to request it before 20% of the program is done, minus a \$10.00 processing fee, and it may take up to 30-45 days to process a refund. All returned checks are subject to a \$25.00 fee.**

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

**FOR OFFICE USE ONLY:**

**RESIDENT:** \_\_\_\_\_ **NON-RESIDENT:** \_\_\_\_\_

Proof of Residency:

\_\_\_\_\_ Driver's Lic.                      \_\_\_\_\_ Utility Bill  
\_\_\_\_\_ Tax Bill                              \_\_\_\_\_ Check Imprint  
\_\_\_\_\_ Other \_\_\_\_\_

**FALL SESSION PAYMENT**

Receipt #: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Check: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

**PRESCHOOL**

\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Immunization Record  
\_\_\_\_\_ Health Form  
\_\_\_\_\_ Verification Form

**WINTER SESSION PAYMENT**

Receipt #: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Check: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

**SPRING SESSION PAYMENT**

Receipt #: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Check: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_