



Gloucester Township Recreation Department Preschool Registration Form

Preschool Class: _____ Location: _____

Child's Name: _____ Age: _____ DOB: _____

Additional Child: _____ Age: _____ DOB: _____

ADDRESS: _____ City, State, Zip: _____ Phone: _____

Email: _____

Parent/Guardian Name: _____ Workplace: _____ Additional/Cell Phone _____

Parent/Guardian Name: _____ Workplace: _____ Additional/Cell Phone _____

Emergency Contacts: (other than above, 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: _____