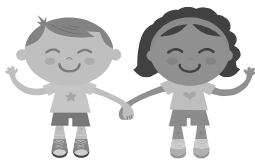
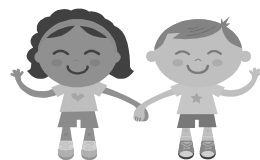


Middlesex Recreation Department, 1200 Mountain Ave., Middlesex, NJ 08846 (732) 356-7400 X7.
 Please fill out one form per child if registering multiple children. Make one check payable to Middlesex Recreation Dept.



2017 PLAYGROUP 2018



Playgroup promotes play, imagination, sharing and fun for children ages 1-4! Three sessions are offered. The Fall session begins the Playgroup year. There is also a winter and spring session. Sessions are 10 weeks long. Registration for fall begins on August 15, 2017. Registration for winter and spring sessions will be listed on the class calendars. Siblings/or other children who do not meet the eligibility requirements and thus NOT REGISTERED are not allowed to attend with the exception of an infant in a seat. Proof of residency may be required. No refunds will be issued after the second week of each session. Refunds prior are subject to a 10% administrative fee. Classes must have a MINIMUM of 10 registered children. If minimum is not met we may combine classes and you will be notified.

FEES PER SESSION: \$45 for Borough resident, \$70 for Non Borough resident.
Fees are based upon the participant's residence. Fees are pro-rated as of the 6th class per session.

CHILD'S NAME _____ AGE _____ M _____ F _____
PLEASE CHECK ONE

ADDRESS _____ TOWN _____ ZIP _____

PHONE _____ BIRTH DATE ____/____/____

PLEASE INDICATE YOUR CHOICE OF CLASS:

MONDAY- 9:00-10:00 _____ (AGE 1-2) TUESDAY- 9:00-10:00 _____ (AGE 3-4)
 MONDAY- 10:15-11:15 _____ (AGE 3-4) TUESDAY- 10:15-11:15 _____ (AGE 1-2)

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian of _____, a minor, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Dates during which release is granted: **September 2017 through June 2018**

Parent (s)/Guardian Info:

Parent Name _____ address (if different than above) _____ Contact Phone # _____

Parent Name _____ address (if different than above) _____ Contact Phone # _____

Contact email: _____

Other contact in case of emergency (DO NOT LIST YOURSELF):

Name _____ Phone _____ H / W / C Relationship to child _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid.

Parent Signature _____ Date: ____/____/____

DO NOT WRITE IN BOX: RCPT# _____ FALL _____ WINTER _____ SPRING _____
 DATE RECEIVED: _____