



2017 KID QUEST

Are you 4 or 5 years old and not yet in Kindergarten? If so then join our adventure—Kid Quest! The 1.5 hour class will explore cooking, arts & crafts, gross motor skills, outdoor play and other activities. Make sure to send a lunch! We may even have a special guest visit us! We will accept 12 children per session on a first come first serve basis. Sessions are four weeks long. Kid Quest is a drop off program held at the Rec Center on Thursdays from 11:30PM-1:00PM. To register fill out this form completely and make payment. *NO SPOTS WILL BE HELD*. Proof of residency and/or age may be required. A minimum of six (6) children is required to begin class. Cash or personal checks made payable to “Middlesex Rec. Dept.” are accepted as payment.



THURSDAYS @ REC CENTER 11:30AM—1:00PM

Four sessions are offered in 2017. Child must be 4 years old by the session (s) start date.

SESSION 1

January 12
January 19
January 26
February 2

SESSION 2

February 9
February 16—NO CLASS
February 23
March 2
March 9

SESSION 3

March 16
March 23
March 30
April 6

SESSION 4

April 13/20— NO CLASS
April 27
May 4
May 11
May 18



- Residents: \$40 per session
- Non-residents: \$60 per session

Fee is based upon participant’s residence.



KID QUEST WINTER/SPRING2017

KID QUEST! Please print clearly in ink and return to the Recreation Department during office hours or mail to: Middlesex Recreation Dept., 1200 Mountain Ave., Middlesex, NJ 08846. Please make checks payable to “Middlesex Rec Dept.,” We also accept cash.

KID QUEST WINTER SPRING 2017



Child’s Name _____ Age _____

Address _____

City/State/Zip _____ DOB ____/____/____



Parent Name: _____ cell# _____

Parent Name: _____ cell# _____

Contact Email _____

Person(s) bringing child to class or picking up from class (use back for more names):



_____ relationship to child _____

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



Emergency contact _____ phone# _____

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 ____/____/____

OFFICE USE ONLY—DO NOT WRITE IN BOX

PAID FOR:



Session 1 Recpt# _____ Date _____

Session 2 Recpt# _____ Date _____

Session 3 Recpt# _____ Date _____

Session 4 Recpt# _____ Date _____