



Toddler Fun Time ²⁰¹⁷

This half hour program is geared for children ages **1 to 3** and is held in the Recreation Center in a four week session. Each week the children will have a brief circle time, be introduced to arts & crafts to build their fine motor skills before pre school. Children must be accompanied by an adult and must be 1 to 3 years of age by the start of the program. No exceptions. We accept 10 children per class. Registrations will be taken on a first come first serve basis. In order to register, this form must be completely filled out and payment must be made. Proof of residency and / or birth certificate maybe required. A minimum of five (5) children is required to begin the class. Personal checks made payable to "Middlesex Rec. Dept." and cash are accepted as payment.

Thursdays 10:30AM-11:00AM



- Residents: \$25 per session
- Non-residents: \$35 per session

Fee is based upon participant's residence.

Four sessions are offered in 2017. Child must be 1 to 3 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



TODDLER FUN TIME 2017

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.

✂ Child's Name _____ Age _____

Address _____

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

✂ Parent Name: _____ cell# _____

Parent Name: _____ cell# _____

Contact Email _____

Person/People bringing child to class (use back for more names):

✂ _____ relationship to child _____

_____ 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 _____