

Tuesday & Thursday Preschool Programs 10am to 12pm (3 to 5 yrs old)

\$70 (per child per 6 weeks)

Please Print

Child's Name(s): _____ Age: _____ Date of Birth: _____
_____ Age: _____ Date of Birth: _____
_____ Age: _____ Date of Birth: _____
_____ Age: _____ Date of Birth: _____
_____ Age: _____ Date of Birth: _____

Address: _____ Phone: _____

Emergency #: _____

Allergies or any special needs please list here: _____

Each Child needs to bring a Beverage & Snack

Agreement to Participate (parent or guardian, please read & sign) : I, the parent or guardian of the above named child, hereby give my approval to participate in the activities associated with the winter program. I assume all risks & hazards incidental to such participation, including transportation to these activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Berkeley Township, and all of its employees, participants, etc, whether the result of negligence or any other cause, except to the extent and in the amount covered by the Township's secondary accident insurance.

Parent or Guardian Signature: _____

Parent or Guardian Name (Please Print): _____

For Office Use:			
Amount Paid:	Check #:	Cash:	Receipt#: