

Fun With Colors, Numbers, Shapes & Letters 4 & 5 Years Old Registration Form

Please Print

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

Address: _____ Phone: _____

Emergency #: _____

Allergies: _____

Tuesdays(Per 6 Weeks) \$35
6 weeks from 10am - 12pm

Thursdays(Per 6 Weeks) \$35
6 weeks from 10am - 12pm

Combo (Both Sessions) \$70
6 weeks from 10am -12pm

Each Child needs to bring a Beverage & Snack for either class.

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#: _____