

**STAFFORD TOWNSHIP RECREATION
PRE-SCHOOL PROGRAM**

KIDS IN THE KITCHEN CLASS

WINTER/EARLY SPRING 2018 REGISTRATION

Child's Name: _____

Birthdate: _____

Address: _____

Telephone: _____ Child's Age as of FEB. 2018: _____

Name of Parent /Guardian: _____

Emergency Contact: _____

Telephone: _____

Personal Insurance: _____ ID Number: _____

Please list any food allergies/medical conditions pertaining to your child:

What type(s) of interaction with other children has your child had in the past?

I give my permission for _____ to participate in all the activities that are included in the **Stafford Recreation Pre-School Program**.

MEDIA RELEASE

I grant permission for the Stafford Township Recreation Department and its subordinates, to use my son or daughter's name and/or photographs for use in any media publications, or newsletters. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

Parent/Guardian Signature: _____

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**PLEASE CHOOSE THE CLASS AND DAY YOU WISH
TO PARTICIPATE IN BY CIRCLING YOUR CHOICE**

<u>MONDAY</u>	<u>WEDNESDAY</u>	<u>FRIDAY</u>
9:30 – 10:30 CLASS	9:30-10:30 CLASS	1:30 – 2:30 CLASS
11:00 – 12:00 CLASS	11:00 – 12:00 CLASS	

FOR OFFICE USE ONLY
\$60.00 per class

CHECK # _____

RECEIPT # _____