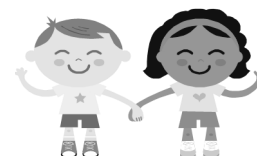
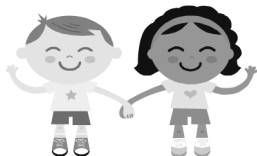


Middlesex Recreation Department, 1200 Mountain Ave., Middlesex, NJ 08846 (732) 356-7400 X277.

Please fill out one form per child if registering multiple children.

EVENING PLAYGROUP



Our very popular playgroup program is once again offering an evening class for children ages 1-7 in the Recreation Center. The class is designed to introduce socialization, cooperation and sharing in a fun and safe environment. Children will have 40 minutes of free play then a small snack followed by a group activity. Activities include parachute play, puppets, motor skill elements, musical instruments and more! An adult must attend with the child(ren). A minimum of 8 children is required to begin the session. Cash, credit cards, or personal checks made payable to "Middlesex Rec. Dept." are accepted as payment.

FEES PER SESSION: \$80 for Borough resident, \$100 for Non Borough resident.

Drop in offered at \$15 a day.

(UNDER 3 YEARS = NOT A DROP OFF PROGRAM)

SESSION DATE START: September 27th @ Middlesex Recreation Center—1400 Mountain Ave, Middlesex, NJ

TIME: 6:00—7:30PM

CHILD'S NAME _____ AGE _____ M _____ F _____

PLEASE CHECK ONE

ADDRESS _____ TOWN _____ ZIP _____

PHONE _____ BIRTH DATE ____/____/____

MONDAYS 6:00—7:30 PM _____ (AGE 1-7) PERMISSION TO TAKE PHOTOS OF MY CHILD _____

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian of _____, a minor, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Dates during which release is granted: **September 2021—May 2022**

Parent (s)/Guardian Info:

Parent Name _____ address (if different than above) _____ Contact Phone # _____

Parent Name _____ address (if different than above) _____ Contact Phone # _____

Contact email: _____

Other contact in case of emergency (DO NOT LIST YOURSELF): _____

Name _____ Phone _____ H / W / C Relationship to child _____

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

Parent Signature _____

Date: ____ / ____ / ____