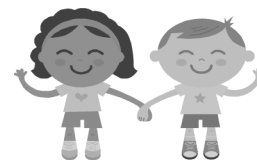


# 2021 MORNING PLAYGROUP 2022



Playgroup promotes play, imagination, sharing and fun for children ages 1-5 or has walking/cruising ability! Three seasonal sessions are offered. The Fall session begins the Playgroup year. There is also a winter and spring session. Sessions are 8 weeks long. Registration for fall begins on August 30, 2021. Registration for winter and spring sessions will be listed on the class calendars. Siblings/or other children NOT REGISTERED are not allowed to attend with the exception of an infant in a seat. Proof of residency may be required. No refunds will be issued after the second week of each session. Refunds prior are subject to a 10% administrative fee. Classes must have a MINIMUM of 8 registered children. Cash, personal checks made payable to "Middlesex Rec. Dept.", and credit cards are accepted as payment.

(UNDER 3 YEARS = NOT A DROP OFF PROGRAM)

SESSION DATE START: September 28th 9:00—10:30AM @ Middlesex Recreation Center—1400 Mountain Ave, Middlesex NJ

**FEES PER SESSION: \$80 for Borough resident, \$100 for Non Borough residents**  
**Drop in offered at \$15 a day.**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
PLEASE CHECK ONE

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

TUESDAYS 9:00—10:30 AM \_\_\_\_\_ (AGE 1-5) 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: \_\_\_\_\_

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

DO NOT WRITE IN BOX: RCPT# _____ FALL _____ WINTER _____ SPRING _____
DATE RECEIVED: _____