

**JUST FOR TODDLERS
AND
JUST FOR TODDLERS II
“PRE-SCHOOL PLAYGROUP”
Middletown Parks, Recreation & Cultural Affairs
(732)615-2260**

THE FOLLOWING PAGES CONTAIN VARIOUS FORMS THAT NEED TO BE COMPLETED TO REGISTER FOR THE JUST FOR TODDLERS PROGRAMS HELD AT THE TONYA KELLER BAYSHORE RECREATION CENTER (JUST FOR TODDLERS) AND THE HILLSIDE COMMUNITY CENTER (JUST FOR TODDLERS II).

THE FORMS MAY BE DOWNLOADED TO YOUR PERSONAL COMPUTER, PRINTED AND FILLED IN BY HAND, OR YOU MAY FILL THEM OUT THE ITEMS ALLOWED ON THE WEBSITE THEN PRINTED, DATED AND SIGNED PRIOR TO SUBMITTING THEM TO THE APPROPRIATE CENTER FOR ADMISSION TO A JUST FOR TODDLERS PROGRAMS.

INFORMATION ON THE INDIVIDUAL PROGRAMS MAY BE OBTAINED BY CALLING THE FOLLOWING NUMBERS:

JUST FOR TODDLERS (TONYA KELLER BAYSHORE
RECREATION CENTER)

732-787-2638

JUST FOR TODDLERS II (HILLSIDE COMMUNITY CENTER)

732-872-8101

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REGISTRATION INFORMATION FORM

Child's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Business Address: _____ Bus. Phone: _____

Father's Name: _____ Occupation: _____

Business Address: _____ Bus. Phone: _____

Are both parents living? _____ Separated? _____ Divorced: _____

Other family members living at home:

| Name | Relationship | D.O.B. |
|-------|--------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Child's preferred name: _____

Is child potty trained? _____

Previous school experience: _____

Is your child cared for during the day by other than parents? _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Phone:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Is there anyone whom you do not wish to pick up your child? _____

Describe any problems we should know about: _____

Signed: _____ Date: _____

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CHILD'S NAME _____

I UNDERSTAND THAT AS A MEMBER OF THE JUST FOR TODDLERS COOPERATIVE PROGRAM, THAT MY FULL COOPERATION IS NEEDED SO THAT MY CHILD MAY BENEFIT FROM THE PROGRAM.

ALL PARENTS ARE ASKED TO TAKE AN ACTIVE INTEREST AND ATTEND ALL PARENT WORKSHOPS SO THAT THEIR PARTICIPATION CAN BE THE MOST BENEFICIAL TO ALL CHILDREN.

I UNDERSTAND THAT I WILL BE CALLED UPON FOR SUCH THINGS AS:

- a. Participation in my child's group as designated on a scheduled calendar.
- b. Attend and take an active interest in all Parent Workshops, so that class time participation is the most beneficial to all the children.
- c. Accepting duties such as: escorting on class trips, cleaning of the classroom, washing toys, maintenance of parent room and baby equipment, flea markets and fingerprinting programs.

I HAVE AVAILBLE FOR PROGRAM USE: (example, used computer paper, scrap material, ribbon, etc.) Anything that can be used for craft projects: _____

IT IS NECESSARY THAT WE POST THE FOLLOWING DATES, PLEASE ALLOW TIME TO VISIT WITH US DURING THIS TIME.

1. Pre-Enrollment Conference held (date indicated on child's enrollment form)_____
2. Date of Annual Open House:_____
3. Dates of Semi-Annual Parent Staff Conference:_____

A PROGRAM FEE OF \$ _____ PLUS THE INSURANCE AND REGISTRATION FEE OF \$ _____ IS REQUIRED IN FULL AT THE TIME OF REGISTRATION.

THERE WILL BE AN ADDITIONAL CHARGE OF \$5.00 TO COVER INSURANCE FOR EACH SIBLING PRESENT AT ANY CLASS TIME.

IF IT IS NECESSARY TO CANCEL, THE REGISTRATION AND INSURANCE FEE ARE NON-REFUNDABLE REFUNDS OF PROGRAM FEES WILL BE MADE FOR CANCELLATIONS ONLY BEFORE THE SECOND CLASS.

I HAVE SUPPLIED THE PROGRAM DIRECTOR WITH ALL NECESSARY INFORMATION ABOUT MY CHILD AND WILL NOTIFY HIM/HER OF ANY CHANGES.

DATE: _____

SIGNED: _____

AMOUNT PAID \$ _____

APPROVED _____

DIRECTOR

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NEIGHBORHOOD WALKS PERMISSION SLIP

I hereby give my permission for my child _____
to go on neighborhood walks for educational purposes under the supervision of the
staff members and/or scheduled parents of JUST FOR TODDLERS.

This permission slip pertains to walks that may be taken at the discretion of
scheduled parents on any given day of the program. This permission slip does not
pertain to any other trips away from the school area. Individual slips will be sent
out for those occasions.

DATE: _____ PARENT’S SIGNATURE: _____

DIRECTOR’S SIGNATURE: _____

INFORMATION TO PARENTS

Please sign below to indicate that you have received a copy of the letter and
fact sheet, “Information to Parents”, issued by the New Jersey Division of Youth
and Family Services. This letter is located in your Parent Packet.

I have received and read the Parent Packet.

DATE: _____ PARENT’S SIGNATURE: _____

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In accordance with New Jersey State Regulations, all persons who work with children are required to provide the following information:

1. Proof of Mantoux Test Results within the past 3 years.
Each parent is required to have the Mantoux Test in order to work with children.
2. Your child’s Health Examination Form completed by your doctor within 30 days upon registration and returned to us.
3. Two character reference letters.
4. Please sign the disclosure statement below so that we may keep all our records up to date for New Jersey Inspection for Licensing.

1. Mother: _____ 2. Father: _____

Have you ever been convicted of a crime? 1. _____ YES _____ NO
2. _____ YES _____ NO

If YES, please explain: _____

Signature: 1. _____ Signature: 2. _____

Date: _____ Date: _____

THIS INFORMATION IS FOR THE SAFETY OF YOUR CHILDREN - YOUR COOPERATION IS APPRECIATED.

JUST FOR TODDLERS

EMERGENCY INFORMATION CARD

CHILD'S NAME _____ GROUP _____

Last

First

ADDRESS _____ PHONE _____

Number

Street

Town

Zip

SOCIAL SECURITY # _____ DATE OF BIRTH _____ AGE _____ SEX _____

MOTHER'S NAME _____ ADDRESS _____ PHONE _____

FATHER'S NAME _____ ADDRESS _____ PHONE _____

FATHER'S BUS. ADD _____ BUS PHONE _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

ADDRESS _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

MIDDLETOWN PARKS, RECREATION & CULTURAL AFFAIRS

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INSURANCE PLAN NOTICE

Just For Toddlers Pre-School Program Insurance Plan provides for all sponsored and supervised activities. Coverage will be effective during the program hours and on the days when such activities are supervised by an authorized staff representative in accordance with the activity scheduled by the JUST FOR TODDLERS PROGRAMS.

Travel coverage will also be provided when the insured is traveling as a member of the program, under the direct supervision of an adult.

PLEASE BE ADVISED THAT THIS IS “FULL EXCESS COVERAGE” AND LIABILITY EXTENDS ONLY TO THAT PORTION OF MEDICAL EXPENSES NOT COVERED UNDER OTHER INSURANCE PLANS.

I hereby agree to indemnify and save harmless the Middletown Township Department of Parks, Recreation and Cultural Affairs, its employees, and its volunteers from any and liability arising out of any accidents as a result of said programs.

Date: _____ Parent’s Signature: _____

NOTE: Insurance becomes effective 30 days after payment is received.

WITNESS: _____ DATE: _____

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HEALTH EXAMINATION FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____

TO BE COMPLETED BY LICENSED PHYSICIAN

PAST ILLNESSES

| | |
|----------------------------|-----------------------|
| Frequent colds _____ | Kidney trouble _____ |
| Frequent sore throat _____ | Heart trouble _____ |
| Sinusitis _____ | Rhematic Fever _____ |
| Abcessed ears _____ | Convulsions _____ |
| Bronchitis _____ | Tuberculosis _____ |
| Asthma _____ | Diabetics _____ |
| Chicken Pox _____ | Measles _____ |
| German Measles _____ | Mumps _____ |
| Scarlet Fever _____ | Polio _____ |
| Whooping cough _____ | Stomach Trouble _____ |

Major Operations _____
Drug allergic reactions _____
Other illnesses _____

IMMUNIZATION RECORD - (Indicate dates)

| | |
|--|----------------|
| DPT _____ | Boosters _____ |
| DT _____ | Boosters _____ |
| (Indicate: Oral _____ Salk _____ Trivalent _____ Monovalent _____) | |
| POLIO _____ | Boosters _____ |
| MMr _____ | Boosters _____ |

TB MANTOUX _____ OTHER _____

MEASLES _____ MUMPS _____ RUBELLA _____ OTHER _____
DIPHTHERIA _____ PERTUSSIS _____ TETANUS _____
CONTAGIOUS DISEASE _____

FOOD ALLERGIES _____
MEDICINE ALLERGIES _____
IS CHILD UNDER ANY SPECIAL RESTRICTION OR MEDICAL REGIMEN? _____

GENERAL INFORMATION:

Height _____ Weight _____ Throat & Tonsils _____ Heart _____
Posture & Spine _____ Pediculosis _____ Hernia _____
Impetigo _____ Eyes _____ Ears _____

I BELIEVE THAT THIS CHILD IS ABLE TO ATTEND A CHILD CARE CENER AND PARTICIPATE
IN ALL ACTIVITIES WITH THE FOLLOWING RESTRICTIONS AND RECOMMENDATIONS: _____

PARENT OR GUARDIAN _____ DATE _____

EXAMINING PHYSICIANS NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ DATE _____