

STAFFORD TOWNSHIP RECREATION  
PRE-SCHOOL PROGRAM

arts & crafts class

WINTER 2010 REGISTRATION

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Child's Age as of FEB. 2010: \_\_\_\_\_

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**.

Parent/Guardian Signature: \_\_\_\_\_

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

**MONDAY**  
1:30 – 2:30 CLASS

**FRIDAY**  
9:30 – 10:30 CLASS  
11:00 – 12:00 CLASS

FOR OFFICE USE ONLY  
\$40.00 per class

CHECK # \_\_\_\_\_

RECEIPT # \_\_\_\_\_