

STAFFORD TOWNSHIP RECREATION
PRE-SCHOOL PROGRAM

KIDS IN THE KITCHEN 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

9:30 – 10:30 CLASS

11:00 – 12:00 CLASS

WEDNESDAY

9:30 – 10:30 CLASS

11:00 – 12:00 CLASS

FRIDAY

1:30 – 2:30 CLASS

FOR OFFICE USE ONLY

\$40.00 per class

CHECK # _____

RECEIPT # _____