



# Summer Program Registration

Name of Child \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name to be used in program \_\_\_\_\_

Full Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

I would like my child to attend:

Week of June 2-6  5 days (\$230/\$210 for current families)  3 days (\$145/\$125 for current families)

Week of June 23-27  5 days (\$230/\$210 for current families)  3 days (\$145/\$125 for current families)

Week of July 7-11  5 days (\$230/\$210 for current families)  3 days (\$145/\$125 for current families)

Week of July 21-25  5 days (\$230/\$210 for current families)  3 days (\$145/\$125 for current families)

I understand that a non-refundable deposit of \$50 per week is due at time of registration, and that the remaining balance for the week must be received a week before the start of camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_

Please bill me for the amount due through Brightwheel

My child  did  did not attend NMP for preschool during the 2024-2025 school year.

(If your child is not currently enrolled, please fill out the attached forms and return to the office by May 30)

Emergency Contact \_\_\_\_\_  
(other than parents)

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(other than parents)

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Permission for release

I authorize the following adults to pick up my child \_\_\_\_\_ from school.  
I understand that my child will not be released to anyone NOT on the list unless I have sent a signed request by dismissal time. Please list the names of the child's parents or guardians as well as everyone who you might need to call upon in an emergency. Feel free to update this list at any time during the program. A parent's signature must accompany all changes to this form.

Name

Phone number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Current physical concerns we should be aware of

Speech, Language or Hearing \_\_\_\_\_

Allergies \_\_\_\_\_

Toilet Training \_\_\_\_\_

Other \_\_\_\_\_

**Emergency Care Parent Permission**

In case of a sudden illness or accident, the Newark Methodist Preschool Staff will try first to contact you, the child's parents/guardians, and/or the child's physician. IF PARENTS AND PHYSICIAN CANNOT BE REACHED IMMEDIATELY, do you give permission for the teacher and/or director to transport or call for an ambulance if necessary, your child to NEWARK EMERGENCY ROOM for treatment?

Please circle one:                      YES                      NO

I consent to have my child \_\_\_\_\_ treated at Newark Emergency Room in case of a sudden illness or emergency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Member's Name and Number \_\_\_\_\_

## Photography release

I give permission for my child to be photographed and/or videoed during class and other school related activities. These photographs and/or videos may be used for one or more of the following:

- To create displays which are placed in the school hallways for parents to view
- To create projects which will ultimately be sent home with your child
- To provide a visual aide for staff and teachers to use in developmental evaluations
- To share and update families on activities and learning taking place in the classroom via Brightwheel
- To publish promotional materials on the NMP website and social media

I understand that Newark Methodist Preschool respects our right of confidentiality and will never use the full name of my child in any manner. I reserve the right to rescind this authorization at any time, and such a decision will not affect in any way the services that my child receives at Newark Methodist Preschool.

### Opt out:

- Please do not share pictures of my child with other families on Brightwheel.
- Please do not share pictures of my child on social media or for promotional materials.
- Please do not photograph or videotape my child.

Signed \_\_\_\_\_

Date \_\_\_\_\_