



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 1-5 5 days (\$230/\$210 for current families) 3 days - (Tues -Thurs) (\$145/\$125 for current families)

Week of June 22-26 5 days (\$230/\$210 for current families) 3 days - (Tues -Thurs) (\$145/\$125 for current families)

Week of July 6-10 5 days (\$230/\$210 for current families) 3 days - (Tues -Thurs) (\$145/\$125 for current families)

Week of July 20-24 5 days (\$230/\$210 for current families) 3 days - (Tues -Thurs) (\$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 2025-2026 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

the nearest hospital, preferably , _____
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 _____