

2016 SUMMER PLAYGROUND PROGRAM PRE-SCHOOL REGISTRATION

(For children who are 4 years old and 5 year olds not entering Kindergarten)

Name of Child: _____ Home Phone: _____

Age: ____ (as of 10-1-2016) Date of Birth: _____ Boy: Girl:

FULL ADDRESS: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Parent's Last Name if different than child's: _____

Parent's E-mail address: (office use only): _____

Yes, I want to receive text message alerts for cancelled classes, etc. My mobile provider is:
_____ (AT&T, Verizon, etc). Texts should go to: Mother Father Both

I understand text messaging rates may apply in accordance with my service provider contract.

Are there any medical conditions / medications / allergies / special situations of which we should be aware? _____

Authorized to pick up my child: Name and Phone #: _____

Emergency Name AND Phone # (other than parents): _____

My child needs a modification because of disability to participate in this program: YES NO

_____(Parent Signature)

On occasion, pictures of the children will be taken during various events. If you do not want your child's picture taken during a group event, please initial here: _____

FEES: Westwood Residents \$ 250.00 Non- Residents: \$ 400.00

Payable to: Borough of Westwood

LATE FEE is \$25.00 - For any registration received after May 27, 2016



Westwood Recreation Department

55 Jefferson Avenue, Westwood N.J. 07675

Phone: 201-664-7882 Fax: 201-664-9685

E-Mail: recreation@westwoodnj.gov

2016 SUMMER PLAYGROUND PROGRAM

BERKELEY SCHOOL: Kindergarten – 3rd Grade

Name of Child: _____ Home Phone: _____

Age: _____ Grade _____ (As of 10-1-2016) Date of Birth: _____ Boy: Girl:

FULL ADDRESS: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Parent's Last Name if different than child's: _____

Parent's E-mail address: (office use only): _____

Yes, I want to receive text message alerts for cancelled classes, etc. My mobile provider is:
_____ (AT&T, Verizon, etc). Texts should go to: Mother Father Both
I understand text messaging rates may apply in accordance with my service provider contract.

Are there any medical conditions / medications / allergies / special situations of which we should be aware? _____

Authorized to pick up my child: Name and Ph. #: _____

Emergency Name AND Phone # (other than parents): _____

My child needs a modification because of disability to participate in this program: YES NO

(Parent Signature)

On occasion, pictures of the children will be taken during various events. If you do not want your child's picture taken during a group event, please initial here: _____

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2016 SUMMER PLAYGROUND PROGRAM

4th – 8th Grade

Please choose Program Site: BROOKSIDE PARK JAKE VOORHIS PARK
Name of Child: _____ Home Phone: _____

Age: _____ Grade _____ (As of 10-1-2016) Date of Birth: _____ Boy: Girl:

FULL ADDRESS: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Parent's Last Name if different than child's: _____

Parent's E-mail address: (office use only): _____

Yes, I want to receive text message alerts for cancelled classes, etc. My mobile provider is:
_____ (AT&T, Verizon, etc). Texts should go to: Mother Father Both

I understand text messaging rates may apply in accordance with my service provider contract.

- My child does NOT have permission to leave the park
- Has permission to leave for a one hour lunch
- Has permission leave at the end of the day

Are there any medical conditions / medications / allergies / special situations of which we should be aware? _____

Authorized to pick up my child: Name AND Ph. #: _____

Emergency Name AND Phone # (other than parents): _____

My child needs a modification because of disability to participate in this program: YES NO

_____(Parent Signature)

On occasion, pictures of the children will be taken during various events. If you do not want your child's picture taken during a group event, please initial here: _____

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**2016 BEFORE CARE / AFTER CARE REGISTRATION
SUMMER PLAYGROUND PROGRAM
Six-week program
June 27 to Aug 5, 2016**

Registered in: Berkeley Camp Brookside Camp

Name of Child: _____ Grade (Sept '16): _____ Boy: Girl:

FULL Address: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Yes, I want to receive text message alerts for cancelled classes, etc. My mobile provider is:
_____ (AT&T, Verizon, etc). Texts should go to: Mother Father Both

I understand text messaging rates may apply in accordance with my service provider contract.

Are there any medical conditions / medications / allergies / special situations of which we should be aware? _____

Parent's E-mail address: (for office use only): _____

Alternate Pick-up Person other than Parent: Name AND phone #: _____

Emergency Name AND Phone # (other than parents): _____

Berkeley School: Gr K – 3 Before Care: 7:30 – 9:00 A.M. \$ 200.00
After Care: 3:00 – 5:30 P.M. \$ 300.00
Before and After Care: \$ 500.00

Time of Drop off: _____ Time of Pick-up: _____

Brookside Park: Gr 4 – 8 Before Care: 7:30 – 9:00 A.M. \$ 200.00
After Care: 3:00 – 5:30 P.M. \$ 300.00
Before and After Care: \$ 500.00

I grant permission for my child to walk home by him/herself at the time of: _____

Parent must initial here: _____

Time of Drop off: _____ Time of Pick-up: _____

Date: _____

(Parent Signature)

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