

EAST HANOVER SUMMER PLAYGROUND

Parent/Guardian: The Recreation Summer Playground is offered to East Hanover children entering the 1st grade in the fall through 8th grade.

Last Name: _____

First Name: _____ Gr.(fall): _____ Boy or Girl (circle)

_____ Gr.(fall): _____ Boy or Girl (circle)

_____ Gr.(fall): _____ Boy or Girl (circle)

Home Address: _____

Home Phone#: _____ Parent/Guardian Name: _____

Mother's Employer: _____ Phone #: _____

Father's Employer: _____ Phone#: _____

Emergency Contact: Name: _____ Phone#: _____

The following people are able to pick up my child/children from summer playground.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Your child/children will not be released to anyone else, unless we hear from you by phone!!

FEE: \$175.00 per child / \$170.00 for each additional child in family

CHECKS PAYABLE TO: Township of East Hanover

Parents, please read the rules & regulations sheet given to you at the time of registration.

YES, I HAVE READ THE RULES & REGULATIONS OF SUMMER PLAYGROUND.

Signature of parent/guardian

****NO REFUNDS AFTER FIRST WEEK!!**

****\$50.00 RETURN CHECK FEE
WILL BE APPLIED FOR ALL
RETURNED CHECKS!***

***MY CHILD/CHILDREN WILL BE: PICKED UP / TAKE THE BUS
CIRCLE ONE**

OVER

PARENTAL WAIVER & CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the E. H. Summer Playground. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Township of East Hanover, Recreation Department and staff for any injury that may be suffered by my child in the normal course of participation in the Summer Playground.

(child/childrens names)

(parent/guardian's name)

(date)

DISCLAIMER

In the event that my child should have a sudden illness or accident at the E. H. Summer Playground, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the situation is viewed as critical by the staff member in charge, I request that one of the following physicians be called. However, if emergency treatment is needed, I authorize the E. H. Summer Playground staff to request assistance from the paramedics or emergency room staff. It is understood that an effort will be made to contact the undersigned before treatment is given, but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in the treatment of this minor child.

(parent/guardian signature)

(date)

PHYSICIAN'S NAME

TOWN

PHONE NUMBER

DENTIST'S NAME

TOWN

PHONE NUMBER

HEALTH INSURANCE CARRIER: _____

POLICY NUMBER: _____

ANY MEDICAL PROBLEMS: _____

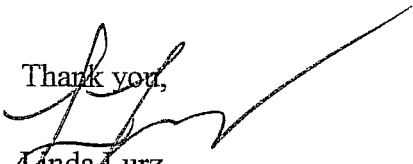
BEHAVIOR MODIFICATION PROGRAM

The East Hanover Recreation Department will be implementing a behavior modification program for the Summer Playground.

***After a child has received three(3) write ups for his/her inappropriate behavior, he/she will be suspended from the program for one (1) week. Following suspension, the child will be given two (2) additional opportunities. If the child's conduct does not improve, he/she will be removed from the program. No refunds will be given.**

If you have any questions or concerns, please do not hesitate to call the Rec.Office at 973-428-3095.

Thank you,



Linda Lurz

Supt. of Recreation

I HAVE READ THE ABOVE POLICY: _____

(Parent's Signature)