



# TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

## Parks & Recreation Department

### Creative Playtime Preschool Program

#8E

### Registration Information

#### Student Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*\*Please note that all correspondence will be mailed to address listed above.*

Child is living with: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

**Epi-Pen or Emergency Medication required during program hours: \_\_\_\_ Yes \_\_\_\_ No**

*If 'Yes' is checked above, Authorization for the Administration of Medication by Child Day Care Personnel form must be submitted. See Parent Handbook for more information.*

Other Special Concerns/Notes: \_\_\_\_\_

#### Parent Information

**Parent 1 Name:** \_\_\_\_\_

Parent 1 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent 1 Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent 1 Business Address: \_\_\_\_\_ Title: \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_

Parent 2 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent 2 Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent 2 Business Address: \_\_\_\_\_ Title: \_\_\_\_\_

#### Emergency Contact Information

Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached. This person is also given authority to remove the child from the program and to make decisions regarding medical treatment in case a parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Program Information Hotline: (860) 665-8686 Phone: (860) 665-8666 Fax: (860) 665-8739

parkandrec@newingtonct.gov

www.newingtonct.gov

## **Pick-Up Authorization**

I hereby authorize the three individuals named below to pick up my child from the Newington Parks & Recreation Department's Creative Playtime Preschool Program. If there are any changes in these arrangements, I will give written notice. Please note that only the parent/guardian has permission to make changes to the people named below. **Parent/guardian must be included on this release (both parents/guardians may be included), and a total of three authorized persons must be listed.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## **Child's Physician / Primary Health Care Provider**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## **Emergency Medical and Surgical Treatment Release**

**Release:** The information contained herein is accurate to the best of my knowledge. By my signature below, I consent to the following:

Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I authorize certified staff to administer first aid/CPR and authorize that my child be transported by an emergency vehicle for any medical treatment. I authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routine diagnostic tests and procedures as in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

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**Signature of Parent or Guardian**

**Date**

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## **Assumption of Liability**

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of classes remaining at time of request.

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**Signature of Parent or Guardian**

**Date**

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