



TOWN OF NEWINGTON

200 Garfield 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/Guardian Information

Parent 1 Name: _____

Parent Address: _____ City: _____ Zip Code: _____

Parent Home Phone: _____ Cell: _____ Work: _____

Parent Email Address: _____

Parent 1 Business/Address: _____ Title: _____

Parent 2 Name: _____

Parent Address: _____ City: _____ Zip Code: _____

Parent Home Phone: _____ Cell: _____ Work: _____

Parent Email Address: _____

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: _____ Cell: _____ Work: _____

Pick-Up Authorization

I hereby authorize the 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.**

Parent 1 Name: _____ Phone: _____ Relationship _____

Parent 2 Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship: _____

Child's Physician / Primary Health Care Provider

Name: _____ Phone: _____

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.

Signature of Parent or Guardian

Date

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. During the COVID-19 pandemic, I also understand that I must adhere to all CDC, state, and local COVID-19 guidelines, including all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group or class setting, even with personal protective equipment. 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.

Signature of Parent or Guardian

Date

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

www.newingtonct.gov

Eff. 9/21