



PIED PIPER PRE-SCHOOL and SUMMER CAMP

Directors:
Helene Paul
Joanne Manos

337 Iron Ore Road
Manalapan, NJ 07726
(732) 446-3636

APPLICATION FOR REGISTRATION SUMMER PROGRAM 2010

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth	Age as of 7/09	Sex
_____		_____	_____	_____
Address		Phone Number	Father's Name	Mother's Name
_____		_____	_____	_____
_____	_____	_____	_____	_____
City, State, Zip	E-mail Address	Cell Phone	Business Phone	Business Phone

PLEASE CIRCLE THE PROGRAM AND WEEKS DESIRED

THERE WILL BE NO CAMP ON FRIDAY, JULY 3RD IN CELEBRATION OF INDEPENDENCE DAY

	FULL DAY 10:00 A.M. – 4:00 P.M.	HALF DAY A.M. – 10:00 – 1:30 P.M. – 12:30 – 4:00
	5 FULL DAYS MON. – WED. – FRI.	5 HALF DAYS MON. - WED. – FRI.
8 WEEKS 6/29/10 – 8/21/10	Please call for Rates	Please call for Rates
6 WEEKS 6/29/10 – 8/7/10 7/13/10 – 8/21/10	Please call for Rates	Please call for Rates
4 WEEKS 6/29/10 – 7/24/10 7/27/10 – 8/21/10	Please call for Rates	Please call for Rates

EXTENDED HOURS AVAILABLE

RATES DO NOT INCLUDE TRANSPORTATION

A DEPOSIT MUST ACCOMPANY THIS APPLICATION

EASY PAYMENT PLANS AVAILABLE

A SUBSIDIARY OF STAY 'N PLAY

EMERGENCY CONTACT INFORMATION

1. _____
Name Address
(____)____-____
Phone

2. _____
Name Address
(____)____-____
Phone

3. _____
Name Address
(____)____-____
Phone

A Medical Certificate is required.

Pied Piper Pre-School reserves the right to terminate this contract. No medication will be administered by Pied Piper Pre-School. I have read the stated policies and agree to abide by them.

____/____/____
Date

Signature of Parent or Guardian

Child Physician : _____

Emergency Hospital Preference : _____

Known Allergies and Medical Limitations : _____

I hereby give permission to Pied Piper Pre-School to obtain any medical emergency treatment for my child in the event of illness or injury.

____/____/____
Date

Signature of Parent or Guardian

Referred by: _____

Is there anything you would like to tell us about your child?

