



Hunterdon Central Regional High School

84 Route 31, Flemington, New Jersey 08822-1239
284-7314

(908) 782-5727 FAX (908)

LITTLE DEVILS PRESCHOOL 2021-2022 SCHOOL YEAR

ENROLLMENT FORM / WAIVER

Child's Information:

Name: _____
Last First Middle Nickname

Date of Birth: _____

Age by October 1st: _____

Street Address: _____

Gender: Male ___ Female ___

Apt # (if applicable): _____

City, State, Zip: _____

Primary Telephone: _____

Parent(s)/Guardian(s) Information:

Name: _____

Relationship: _____

Address if different from child: _____

Cell Phone #: _____

E-Mail: _____

Name: _____

Relationship: _____

Address if different from child: _____

Cell Phone #: _____

E-Mail: _____

It is anticipated that the LITTLE DEVILS PRESCHOOL will be operating in-person. Hours will be 8am to 11:45 am Monday, Wednesday & Friday. Preschool will operate on the HC full day calendar. Class is limited to 15 students.

Children must be at least 3 years old by October 1 of the school year. They must also be thoroughly toilet trained, have developed social and self-help skills and be able to say goodbye at the door. Current immunizations, including flu shots, need to be submitted for approval by the school nurse prior to starting school.

Emergency Contact Person (if parents are not available): _____

Emergency Contact's Telephone Number: _____

We are an innovative school focused on wellness, powerful learning, strong partnerships, and service.

Name and ages of other children in the family: _____

Please describe any health concerns and/or allergies of your child including, but not limited to, whether you child has an epi-pen: _____

I, _____, parent/guardian of _____ ("Student"), hereby give permission for Student to participate in the Little Devil Preschool program for the 2021-2022 school year,

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, assumption of risk, and a contract between me and the Hunterdon Central Regional High School District.

Parent/Guardian Signature
Print Parent Name: _____

Date

PLEASE RETURN THIS FORM, THE HEALTH FORM AND 250.00 CHECK MADE OUT TO HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, ATTENTION REBECCA LUCAS
RECEIPT OF PAYMENT AND FORMS WILL PLACE CHILD ON THE ROSTER.