



# Hunterdon Central Regional High School

84 Route 31, Flemington, New Jersey 08822-1239

(908) 782-5727 FAX (908) 284-7314

## LITTLE DEVILS PRESCHOOL PROGRAM 2022-2023 SCHOOL YEAR

### ENROLLMENT FORM / WAIVER

#### **Child's Information:**

Name: \_\_\_\_\_  
Last First Middle Nickname

Date of Birth: \_\_\_\_\_

Age by October 1<sup>st</sup>: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt # (if applicable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

Primary Telephone: \_\_\_\_\_

#### **Parent(s)/Guardian(s) Information:**

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

Address if different from child: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Address if different from child: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_

LITTLE DEVIL PRESCHOOL will be operating in-person. Hours will be 8:00 am to 10:15 am on 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 (no pull ups), 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: \_\_\_\_\_

Name and ages of other children in the family: \_\_\_\_\_

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

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

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I, \_\_\_\_\_, parent/guardian

of \_\_\_\_\_ (“Student”), hereby give permission for Student to participate in the Little Devils Preschool program for the 2022-2023 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

\_\_\_\_\_  
Date

Print Parent Name: \_\_\_\_\_

**PLEASE RETURN THIS FORM, THE HEALTH FORM AND 250.00 CHECK MADE OUT TO HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, ATTENTION REBECCA LUCAS**

Little Devils tuition helps support Family and Consumer Science Department scholarships and the preschool program.

***RECEIPT OF PAYMENT AND FORMS WILL PLACE CHILD ON THE ROSTER.***