



Hunterdon Central Regional High School

84 Route 31, Flemington, New Jersey 08822-1239

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

LITTLE DEVILS PRESCHOOL PROGRAM 2023-2024 SCHOOL YEAR

ENROLLMENT FORM / WAIVER

Child's Information:

Name: _____
Last First Middle Nickname

Date of Birth: _____

Age by October 1st: _____

Street Address: _____

Apt # (if applicable): _____

City, State, Zip: _____

Gender: Male ___ Female ___

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: _____

LITTLE DEVILS 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:

I, _____, parent/guardian

of _____ (“Student”), hereby give permission for Student to participate in the Little Devils Preschool program for the 2023-2024 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.