

Park Ridge Board of Education
Extras Registration/Contact Form

Child's Name	Grade	Teacher	School	Date of Birth	Allergies

Circle One: Before & After School Before School Only After School Only Drop In

Circle Days: Monday Tuesday Wednesday Thursday Friday

	Mother	Father
Name		
Home Address		
Home Phone #		
Cell Phone #		
Work Phone #		
Employer's Name		
Email		

In case of emergency (illness, alternate pick-up, late pick-up) the following people have permission to pick up my child:

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Home Phone #			
Work Phone #			
Cell Phone #			
Address			

EXTRAS Consent and Release

I (We) _____

Residing at _____

in Park Ridge, NJ, in consideration of the benefits to our child(ren)

participating in the Park Ridge EXTRAS Program, do hereby release the Park Ridge Board of Education from any and all claims or actions whatsoever based on the participation of my child in any and all activities including, but not limited to, any injuries which may be sustained from any use of toys, from other children, or from the premises where the program functions occur.

This Consent and Release shall be deemed to be continuous unless specifically revoked in writing.

Parent/Caregiver Signature: _____

Date: _____