Hunterdon Central Regional High School

84 Route 31, Flemington, New Jersey 08822-1239 (908) 782-5727 FAX (908) 284-7314

LITTLE DEVILS PRESCHOOL PROGRAM
2025-2026 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: _____

LITTLE DEVILS PRESCHOOL will be operating in-person. Hours will be 7:45 am to 12:15 pm 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.

<u>Emergency Contact Person</u> (if parents are not available): _____

Emergency Contact's Telephone Number: _____

Names 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 your 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 2025-2026 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 A $250.00 DEPOSIT, CHECK MADE OUT TO HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, ATTENTION: REBECCA LUCAS.

The $250.00 deposit will be used to hold your child's seat. Once preschool begins, we will return all checks.

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