



# Hunterdon Central Regional High School

84 Route 31, Flemington, New Jersey 08822-1239

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

## LITTLE DEVILS PRESCHOOL PROGRAM 2026-2027 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: \_\_\_\_\_ 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.**

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

**Emergency Contact Person** (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 TO HOLD YOUR SPOT. 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.***