

2018
SMALL FRY SUMMER FUN

AGES 3 ½ - 5 ½ (as of June 1st)

PRESENTED BY
THE ROCKAWAY TOWNSHIP PUBLIC SCHOOLS

- DATES:**
- Session 1:** July 2, 2018 - July 19, 2018
(Tuesday, Wednesday, & Thursday)
*Monday July 2nd replaces Wednesday July 4th
- Session 2:** July 23, 2018 - August 8, 2018
(Monday, Tuesday, & Wednesday)

- TIMES:** 8:30 a.m. – 11:00 a.m.
LOCATION: DBO
FEE: \$95.00 per session (No refunds after June 15th)
TRANSPORTATION: Provided by Parent

All children must be self-sufficient and not requiring parental services. This program is for children who have not entered Kindergarten.

This program will operate three days per week for 3 weeks and will include arts and crafts, games, recreation, physical education, music, stories, and special days with special activities. Different activities will be provided in Session 1 and Session 2. All teachers for this program are certified.

Registrations will be accepted on a first-come, first-serve basis. Children may attend one or both sessions. If you need your child to be placed in a class with another child, please indicate that preference on the registration form. We will honor those requests if possible. Parents will not participate in this program. Registration will not be accepted unless the health form is completed.

**REGISTRATION FORM
SMALL FRY SUMMER FUN**

CHILD'S NAME: _____
 LAST **FIRST**

CURRENT AGE: _____ (3 ½ as of June 1st)
*Please provide a copy of Birth Certificate

PARENT'S NAME: _____
 LAST **FIRST**

ADDRESS: _____

PHONE #: _____
 HOME **WORK/CELL**

Circle One: **Session 1:** July 2, 2017 - July 19, 2018
 (Tuesday, Wednesday, & Thursday)

Session 2: July 23, 2017 - August 8, 2018
 (Monday, Tuesday, & Wednesday)

Time: 8:30 a.m. – 11:00 a.m.

*I need my child to be placed in the same session as _____. I understand that this request will be honored if possible.

Tuition: \$95.00 per session
(Checks Payable to: Rockaway Township Board of Education)

MAIL TO: Jennifer Klak and Stacey Wisniewski
 Summer Program Directors
 100 Lakeshore Drive
 Rockaway, NJ 07866

**Any questions regarding Small Fry: please leave a message at 973-627-2465 ext: 204 or 206.
*No refunds after Jun 15th**

MEDICAL EMERGENCY FORM

TO PARENTS: The following health and emergency procedure information **must** be provided as part of the registration process.

STUDENT _____
LAST FIRST

BIRTHDATE _____ **BOY** ____ **GIRL** ____

MAILING ADDRESS _____

TOWN _____ **ZIP** _____

HOME PHONE _____

Mother's Name _____

Father's Name _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

STUDENT RESIDES WITH _____

**Name of Person to be called if
Parent cannot be reached** _____
Phone _____

IF GUARDIAN RELATIONSHIP, PLEASE EXPLAIN _____

Physician's Name _____ **Phone** _____

Special conditions or Allergies _____

Medication to be given _____ **Dosage** _____ **Time to be given** _____

PLEASE NOTE THAT MEDICATION TO BE TAKEN IN SCHOOL MUST BE IN ORIGINAL BOTTLE, AND ACCOMPANIED BY NOTES FROM BOTH THE PARENT AND THE DOCTOR

If above persons are not available, you may call our family physician. You have my permission to transport my child to a hospital in case of an emergency.

DATE _____

SIGNATURE OF PARENT _____