

**BOROUGH OF MORRIS PLAINS REGISTRATION FORM**  
**"KIDS HELPING KIDS" SPRING 2009 PROGRAMS**  
**For children with special needs, their siblings and friends! All are**  
**welcome!**

Student's Name \_\_\_\_\_ Age and School \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents' Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**\*\*\*\* MEDICAL FORM (ON REVERSE) MUST BE COMPLETED\*\*\*\***

Date, Time	Class	Fee	Total
February 12 <sup>th</sup> & 19 <sup>th</sup> 3:45 - 4:30PM	Cooking @ The Community Center	\$20.00	\$
February 12 <sup>th</sup> & 19 <sup>th</sup> 4:45 - 5:30PM	Cooking @ The Community Center	\$20.00	\$
April 23 <sup>rd</sup> & 30 <sup>th</sup> 3:45 - 4:30PM	Cooking @ The Community Center	\$20.00	
April 23 <sup>rd</sup> & 30 <sup>th</sup> 4:45 - 5:30PM	Cooking @ The Community Center	\$20.00	\$
May 6 <sup>th</sup> & 20 <sup>th</sup> 3:45 - 4:30PM	Cooking @ The Community Center	\$20.00	\$
May 6 <sup>th</sup> & 20 <sup>th</sup> 4:45 - 5:30PM	Cooking @ The Community Center	\$20.00	\$
Feb.28, March 14, 21 12:45 - 1:30PM	Gymnastics @ The Community Center	\$30.00	\$
Feb. 28, March 14, 21 1:45 - 2:30PM	Gymnastics @ The Community Center	\$30.00	\$
Feb. 17, April 7, June 23 3:00 - 3:45PM	Crafts @ The Community Center	\$15.00	\$
Feb 26, Mar 5, Apr 2,16 June 4 3:30- 4:00PM	Reading Buddies @ The Morris Plains Library	\$10.00	\$
Feb 26, Mar 5, Apr 2,16 June 4 4:00- 4:30PM	Reading Buddies @ The Morris Plains Library	\$10.00	\$
May 7, 14, 21, 28 3:45 - 4:30PM	Kickball @ The Morris Plains Borough School	\$20.00	\$
May 7, 14, 21, 28 4:45 - 5:30PM	Kickball @ The Morris Plains Borough School	\$20.00	\$
March 11, 18, 25 & April 1 3:30 - 4:15PM	Science @ St. Paul's Church	\$25.00	\$
		<b>TOTAL:</b>	\$

All programs are on a first come, first serve basis. Waiting lists will be created if necessary. Refunds will only be issued if you cancel 14 days prior to the start date of a program. All programs are subject to cancellation by the MP Recreation Commission if minimum participation levels are not met. Registered participants will be notified 7 days prior to the start of a program if cancellation is necessary and fees will be refunded. To receive a refund, a voucher must be completed at the MP Community Center (regular business hours are Mon-Thurs 9 am - 4 pm). By completing this form, your e-mail address is placed on a list with your permission to receive important "Kids Helping Kids" class information only.

**PHOTO RELEASE:** I give Morris Plains Recreation permission to print my child's

Photo,  name in conjunction with photo  please do not publish my child's name or photo.

On publications  on mentor password protected website

I hereby release any claims I may have for myself and/or my child (ward) against the Borough of Morris Plains, its employees and volunteers for any injury that may occur during this activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

revised 1/29/09kml

# EMERGENCY/MEDICAL INFORMATION

Students Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

IN CASE OF ILLNESS, PLEASE LIST NAMES AND TELEPHONE NUMBERS TO BE CALLED IN EMERGENCY IF PARENT CANNOT BE REACHED

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency and I cannot be reached, I give my permission for my son/daughter to be given immediate medical care at a hospital or other medical/dental facility

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

## TO BE COMPLETED BY PARENT:

Medical Conditions \_\_\_\_\_

Explain \_\_\_\_\_

Allergies \_\_\_\_\_

Medication taken daily

Other comments

Date of last physical \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_