



PRESCHOOL PROGRAM
AGE 3-5 YEARS OLD

Preschool Head Teacher: Christina Carosella
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908-273-4242 X 112

APPLICANT INFORMATION:

Child's Name: _____ Gender: M / F
Date of Birth: ____/____/____
Home Address: _____
City: _____ Zip: _____
Home phone #: _____

PARENT INFORMATION:

Primary Parent(s) or Guardian(s):
Name: _____ Name: _____
Relationship: _____ Relationship: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____
E-mail: _____ E-mail: _____

If your child has a caregiver, please list their contact information:

Name: _____
Phone #: _____

PLEASE CIRCLE THE DAYS/TIMES YOU WISH TO ENROLL YOUR CHILD (3 day minimum):

8:45am-12:30pm

8:45am-2:30pm

M TU W TH F

M TU W TH F

PHOTO RELEASE:

[] I DO give permission for my child's picture to be used for The Connection literature, social media, or website. No personally identifiable information will be shared.

Signature: _____ Date: _____

MEDICAL RELEASE :

In the event that I cannot be reached in an emergency, an authorized representative of The Connection may obtain necessary emergency medical treatment for the child named above.

Signature _____ Date: _____



**The Connection's Preschool Program
YEARLY PAYMENT AGREEMENT 2021-2022**

I understand that my child, _____ will be enrolled in:

The Connection's Preschool Program.

Starting in September, 2021 for ___ days a week, excluding school holidays. **A non-refundable deposit of \$200 and a Connection Membership fee of \$60 are due at the time of registration.** *I understand that I can terminate this contract by notifying The Connection in writing, giving 30 days' notice and that failure to meet the terms of this payment agreement could jeopardize my child's place in the program.*

Signature: _____

PLEASE CHOOSE A PAYMENT OPTION

___ Option I: Payment in full

___ I have enclosed a check, payable to The Connection.

___ Please charge to my VISA, AMEX, or MC (*see below*).

___ Option II: Monthly payments (credit card only)

Please charge \$ _____ to my credit card each month beginning in September.

CREDIT CARD INFORMATION (for Option I or II):

I hereby give authority to The Connection to use my charge account.

Signed _____

Visa / AMEX / MC #: _____

Exp. Date: _____ Name on Card _____

PLEASE MAIL/RETURN TO:

The Connection's Preschool Program, 79 Maple Street, Summit, NJ 07901



THE CONNECTION FOR WOMEN AND FAMILIES WAIVER OF LIABILITY

Acknowledgement of Risk: I hereby acknowledge and agree that participation in The Connection's facility, programs and services comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with my participation at The Connection, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection from viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Connection participation and that said list in no way limits the operation of this Agreement. In consideration for being permitted to utilize the services and programs of The Connection, I and/or my child(ren) will comply with all Connection policies and rules and accept they may be altered by The Connection at any time.

Coronavirus/COVID-19 Warning and Disclaimer: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. Evidence has shown COVID-19 can cause serious and potentially life-threatening illness and even death. The Connection has put in place preventative measures to reduce potential spread of COVID-19 but **cannot guarantee** you or your child(ren) will not be exposed, contract, or spread COVID-19 because the possibility of the presence of the disease cannot be eliminated. Therefore, if you choose to attend The Connection's facility and on or off-site services and programs, **you could increase** your and your child(ren)'s risk of contracting or spreading COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily accept the risk that you and/or your child(ren) may be exposed to, or infected by COVID-19 when utilizing The Connection's facility and/or on or off-site services and programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. You also acknowledge the risk of becoming exposed to, or infected by, COVID-19 while at The Connection or an off-site program may result from the actions, omissions, or negligence of you and others, including, but not limited to, The Connection employees, volunteers and program participants and their families.

WAIVER OF LAWSUIT/LIABILITY: I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Connection, its officers, trustees, employees, volunteers, agents, representatives and insurers (Releasees) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, active or passive, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against The Connection on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of The Connection's facilities/equipment or participation in The Connection's programs and services on or off-site whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

I have carefully read, fully understand, and agree to all the terms of this Assumption of Risk, Release and Waiver of Liability.

All adult members or parent/guardians of youth members of The Connection must sign the agreement to participate in any Connection program.

Name

Date

Signature