



John Salomone  
Town Manager

# TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

## Parks & Recreation Department

Bruce Till  
Superintendent

### Creative Playtime Preschool Program

#8E

## Registration Information

### Student Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*\*Please note that all correspondence will be addressed to address listed above.*

Child is living with:  Both Parents  Mother  Father  Other (relationship: \_\_\_\_\_)

Allergies/Medical Conditions: \_\_\_\_\_

**Epi-Pen or Emergency Medication required during program hours:  Yes  No**

*If 'Yes' is checked above, Authorization for the Administration of Medication by Child Day Care Personnel form must be submitted. See Parent Handbook for more information.*

Other Special Concerns/Notes: \_\_\_\_\_

### Parent Information

**Mother's Name:** \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Title: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Title: \_\_\_\_\_

## **Emergency Contact Information**

Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached. This person is also given authority to remove the child from the program and to make decisions regarding medical treatment in case a parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## **Pick-Up Authorization**

I hereby authorize the three individuals named below to pick up my child from the Newington Parks & Recreation Department's Creative Playtime Preschool Program. If there are any changes in these arrangements, I will give written notice. Please note that only the parent/guardian has permission to make changes to the people named below. Parent/guardian must be included on this release (both parents/guardians may be included), and a total of three authorized persons must be listed.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## **Child's Physician / Primary Health Care Provider**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## **Emergency Medical and Surgical Treatment Release**

**Release:** The information contained herein is accurate to the best of my knowledge. By my signature below, I consent to the following:

Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I authorize certified staff to administer first aid/CPR and authorize that my child be transported by an emergency vehicle for any medical treatment. I authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routine diagnostic tests and procedures as in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

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**Signature of Parent or Guardian**

**Date**