



PRESCHOOL PROGRAM
preschool@theconnectiononline.org
908-273-4242 X 112

All children must be 3 years old by December 31st and toilet trained. No pull ups are permitted. The Connection Preschool Program is not licensed to provide diapering care.

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 CHECK 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
2024-2025**

I understand that my child, _____ will be enrolled in:
The Connection's Preschool Program.

Starting in September, 2024 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

___ Enclosed is a check, payable to The Connection or

___ I authorize The Connection to use my charge credit card on file

___ Please call me to put a new card on file

Option II: Monthly payments (credit card only)

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

___ I authorize The Connection to use my charge credit card on file

___ Please call me to put a new card on file

PLEASE MAIL/RETURN TO:

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

OR EMAIL FORMS TO:

preschool@theconnectiononline.org

Please do not mail or email credit card information.



79 Maple St. Summit, NJ 07901 | 908.273.4242 | theconnectiononline.org

THE CONNECTION FOR WOMEN AND FAMILIES WAIVER OF LIABILITY

Acknowledgement of Risk: I hereby acknowledge and agree that participation in The Connection for Women and Families (henceforth known as “The Connection” in this document) 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.

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.

CONSENT FOR SEX OFFENDER DATABASE SCREENING: By entering our facility or becoming a member of our center, you consent to being screened by the National Sex Offender Public Website (NSOPW) database. This search will check for any registered sex offenders in your name against the national database. This screening is a precautionary measure to maintain a safe environment for everyone at The Connection. Any information obtained during this process will be kept confidential and used solely for the purpose of ensuring safety.

By signing this waiver I agree to all terms for myself and all active family members on my account.

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.

Adult Member(s)/Participant(s) Name(s)

Child Member(s)/Participant(s) Name(s)

Signature

Date