



# TOWNSHIP OF EDISON

DEPARTMENT OF RECREATION

100 MUNICIPAL BLVD  
EDISON, NEW JERSEY 08817  
PHONE: 732.248.7310  
FAX: 732.985.0443

## ONLINE REGISTRATION IS NOW AVAILABLE

2020/2021 School Year

Dear Parent/Guardian:

The Edison Recreation Department, in cooperation with the Edison Board of Education, will be offering the Y.A.P. (Young Adolescent Program) for students in grades 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> during the 2020/2021 school year.

The program will be offered at all four (4) middle schools from 3:00 p.m. to 6:00 p.m., and will include supervised, recreational activities for children of working parents. This program will follow the school year calendar; when the schools are open the program will be in session. The program will only be closed during the school year for holidays and inclement weather.

The Program's 2020/2021 fees to be made payable to the EDISON RECREATION DEPT. are listed below:

**\*\*A NON-REFUNDABLE \$35.00 PER CHILD REGISTRATION FEE\*\*  
IS DUE WITH EACH APPLICATION**

FIRST CHILD'S COST	\$200.00 PER MONTH
SECOND CHILD'S COST	\$100.00 PER MONTH

There are limited openings at each school location and the program will be offered on a first come first serve basis. The program is subject to change and is dependent on enrollment and personnel. *Please be advised, if your child is accepted into the Program, THE FIRST PAYMENT WILL BE DUE BY AUGUST 1<sup>st</sup>.*

If you are interested in enrolling your child in this program, please fill out the form on the reverse side of this letter and return it, with the \$35.00 registration fee, to the *EDISON RECREATION DEPARTMENT*, 100 Municipal Boulevard, Edison, NJ 08817 as soon as possible. *To avoid any delay in processing, this application must be filled out completely. Any incomplete applications will be mailed back to the parent/guardian, and will not be considered until they are returned to the Recreation Office complete.*

IF YOU WOULD LIKE TO REGISTER ONLINE, visit the township website at [www.EdisonNJ.org](http://www.EdisonNJ.org) and click "Register for Recreation Now" and follow the instructions. For additional information, please contact the Recreation Office at (732) 248-7310 daily from 8:00 a.m. until 4:30 p.m.

EDISON TOWNSHIP DEPARTMENT OF RECREATION  
 Y.A.P. ENROLLMENT APPLICATION  
 2020/2021 ACCOUNT # \_\_\_\_\_

PLEASE PRINT (ONLY ONE CHILD PER FORM)  
INCOMPLETE FORMS WILL NOT BE CONSIDERED  
NO FAXED APPLICATIONS ACCEPTED

<b>OFFICE USE</b>	
DATE REC: _____	TIME _____
REGISTRATION FEE _____	CASH _____
CHECK/MO # _____	
CREDIT CARD TYPE _____	CC (LAST 4 DIGITS) _____
INITIALS _____	START DATE _____

CHILD'S NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

ADDRESS \_\_\_\_\_  
 Street Apt.# City State Zip

DATE OF BIRTH \_\_\_\_\_ GRADE IN FALL 2020 \_\_\_\_\_ SCHOOL \_\_\_\_\_

Do you have another child in or entering the program for 2020/2021? ___ YES ___ NO
Name of Child _____ School _____ Grade _____

AFTERNOON PROGRAM ONLY

PARENT/GUARDIAN INFORMATION

I AM CHILD'S ___ PARENT ___ GUARDIAN
I AM ___ MARRIED ___ SINGLE
___ DIVORCED ___ WIDOWED

HOME PHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_  
 OTHER THAN PARENT

MOTHER'S NAME -	FATHER'S NAME -
MOM'S WORK # -	DAD'S WORK # -
MOM'S CELL # -	DAD'S CELL # -
CELL PHONE CARRIER -	CELL PHONE CARRIER -
EMPLOYER -	EMPLOYER -
CHILD'S DOCTOR -	DOCTOR'S PHONE # -

DOES YOUR CHILD HAVE ANY ALLERGIES, ADA CONCERNS (DISABILITY, IEP) OR ANYTHING WE SHOULD KNOW ABOUT THEM? \_\_\_ YES \_\_\_ NO IF YES, WHAT \_\_\_\_\_

IS YOUR CHILD ON MEDICATION? \_\_\_ YES \_\_\_ NO IF YES, WHAT \_\_\_\_\_

My child is in good health and all immunizations are up to date. In case of any medical emergency, where I cannot be reached, I give permission for immediate medical care for my child.

Below is a listing of individuals, other than myself, who are authorized to pick up my child from the Y.A.P. Program. These individuals have been informed that proper identification may be required. Additional individuals can be added to the list by contacting the Recreation Office and the Instructor in writing.

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up your child(ren), please explain in writing and attach a copy of the documents (i.e. court order).  
 Please provide us with an e-mail address for the non-custodial parent: \_\_\_\_\_

I hold harmless Edison Township and its employees for any injuries incurred by my child. I consent to photo, video and audio recordings of my child while in this program, for use with Edison Recreation Activity Presentations.

DESIGNATED ALTERNATES & PHONE NUMBERS (PLEASE PRINT FIRST & LAST NAMES)	PARENT/GUARDIAN #1 CONSENT (MOTHER)	PARENT/GUARDIAN #2 CONSENT (FATHER)
NAME		
PHONE #	PRINT (NAME)	PRINT (NAME)
NAME		
PHONE #	SIGNATURE	SIGNATURE
NAME		
PHONE #	DATE	DATE