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 6th, 7th & 8th 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**

<table>
<thead>
<tr>
<th>Child’s Cost</th>
<th>Monthly Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Child’s Cost</td>
<td>$200.00</td>
</tr>
<tr>
<td>Second Child’s Cost</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

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 1st.**

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

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

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 YOU 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.

<table>
<thead>
<tr>
<th>DESIGNATED ALTERNATES &amp; PHONE NUMBERS</th>
<th>PARENT/GUARDIAN #1</th>
<th>PARENT/GUARDIAN #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PLEASE PRINT FIRST &amp; LAST NAMES)</td>
<td>CONSENT (MOTHER)</td>
<td>CONSENT (FATHER)</td>
</tr>
<tr>
<td>NAME</td>
<td>PRINT (NAME)</td>
<td>PRINT (NAME)</td>
</tr>
<tr>
<td>PHONE #</td>
<td>SIGNATURE</td>
<td>SIGNATURE</td>
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<td>NAME</td>
<td>DATE</td>
<td>DATE</td>
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<tr>
<td>PHONE #</td>
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</tbody>
</table>

OFFICE USE
DATE REC: ___________________________ TIME ___________________________
REGISTRATION FEE ___________________ CASH ___________________________
CHECK/MO # __________________________ CC (LAST 4 DIGITS) _____________
INITIALS ___________ START DATE _________