

STUDY HALL, INC.

100 Frank E. Rodgers Blvd., Harrison, NJ 07029
973-484-4255

Child's Name _____ Start Date _____

Birth Date _____ Age _____ Sex (Male/Female) _____

Street Address _____

City _____, NJ Zip _____

Father's Name _____ **Address** _____

Home Phone # _____ Work Phone # _____ Cell # _____

Mother's Name _____ **Address** _____

Home Phone # _____ Work Phone # _____ Cell # _____

Marital Status (Mar./Sep./Div./Wid./Singl.) _____

PERSONS AUTHORIZED TO ASSUME RESPONSIBILITY:

Name: _____ Name: _____

Address: _____ Address: _____

Phone # _____ Phone # _____

Relationship _____ Relationship _____

Child's Doctor's Name: _____ Phone # _____

Address: _____

By my signature I attest and agree to the following:

I have received the Information to Parents Document, Philosophy and Discipline Policy.
I have also received the Study Hall, Inc. Childcare Parent's Handbook.

I grant my child permission to participate in all outdoor activities.

I grant my child permission to be transported by school bus to/from local events or school as needed.

In the event of a medical emergency, I authorize **THE STUDY HALL, INC.** to seek emergency medical care for my child as deemed necessary by the Director.

_____ My Child has no restrictions or limitations, and may participate in all activities (this applies to school age children only).

My signature assures that all information provided on this document is correct.

Signature of Parent/Guardian

Date