

**TMC - Madison Community House Preschool**  
25 Cook Ave. Madison, NJ 07940  
973-377-0244

**Madison Community House PS Adventure Camp Application 2020**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Business \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Business \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**IN CASE OF EMERGENCY:** Persons authorized to pick up your child and / or contact in case of an emergency if neither parent is available:

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: Morristown \_\_\_\_\_ Overlook \_\_\_\_\_ St. Barnabas \_\_\_\_\_

Any Diagnosed Allergies \_\_\_\_\_

Allergic Reaction Protocol: Please fill out the Allergy Action Plan form.

Brothers And / Or Sisters: List Names and D.O.B. (MM/DD/YY)

Applying for: Session 1 \_\_\_\_\_ 9am-12pm \_\_\_\_\_ Stay & Play 9am-2:45pm \_\_\_\_\_  
Session 2 \_\_\_\_\_ 9am-12pm \_\_\_\_\_ Stay & Play 9am-2:45pm \_\_\_\_\_  
Session 3 \_\_\_\_\_ 9am-12pm \_\_\_\_\_ Stay & Play 9am-2:45pm \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TMC - Madison Community House Preschool**  
25 Cook Ave. Madison, NJ 07940  
973-377-0244

**Permission For Emergency Assistance / Hospital Preference**

The Madison Community House Preschool is authorized to act in case of an emergency situation to secure an ambulance or other appropriate emergency medical care for my child as deemed necessary by the Director.

If necessary I would prefer my child be transported to the following hospital:

Morristown Memorial Hospital – Morristown \_\_\_\_\_

Overlook Hospital – Summit \_\_\_\_\_

St. Barnabas Hospital – Livingston \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TMC - Madison Community House Preschool**  
25 Cook Ave. Madison, NJ 07940  
973-377-0244

2020 Preschool Adventure Camp

General Walking Permission Slip

\_\_\_\_\_ has my permission to participate in walking trips within the center's neighborhood. I understand these walks involve entrance into local facilities and to the playground facilities at the Dodge Field playground; and the route of any trip involves no safety hazards. The preschool staff while walking will supervise the children.

\_\_\_\_\_  
Parent Signature