

**Park Ridge Board Of Education  
Extras Registration Form**

Child's Name	Grade	Teacher	School	Date of Birth	Allergies

**Circle:**    **Before & After school**            **Before school only**            **After school only**            **Drop in**

**Circle Days:**        **Monday**            **Tuesday**            **Wednesday**            **Thursday**            **Friday**

	Mother	Father
Name		
Home Address		
Home Phone #		
Cell Phone #		
Work Phone #		
Employer's Name		

**In case of emergency (illness, alternate pick-up, late pick-up) the following people have permission to pick up my child:**

	Contact #1	Contact #2	Contact #3
Name			
Relationship			
Home Phone #			
Work Phone #			
Cell Phone #			
Address			

**CONSENT AND RELEASE**

I (We) \_\_\_\_\_  
Residing at \_\_\_\_\_  
in Park Ridge, New Jersey, in consideration of the benefits to our child(ren)  
\_\_\_\_\_ participating in the Park Ridge EXTRAS Programs, do  
hereby release the Park Ridge Board of Education from any and all claims or  
actions whatsoever based on the participation of my child in any and all activities  
including but not limited to any injuries which may be sustained from any use of  
toys, from other children, or from the premises where the program functions occur.

This *Consent and Release* shall be deemed to be continuous unless specifically  
revoked in writing.

\_\_\_\_\_  
(Parent/Caregiver Signature)

\_\_\_\_\_  
(Date)