Village of Maybrook
Recreation

Summer Program Registration Information Form

I wish to have my child registered for the Summer Recreation Program.
I understand there is a fee of $35.00 for Maybrook residents and $65.00 for non-residents. I also understand at the time of payment I MUST hand in my child's immunization records to attend the summer program in the Village of Maybrook.

My child will participate in the full day Summer Program from 9:00am until 3pm with a lunch break from 11:30am-12:30pm. There will be no supervision at the park between 11:40am- 12:20pm and after 3:10pm. The program starts on June 30, 2014 and ends July 30, 2014.

Name_____Gender (M/F)____
Grade entering (9/14)_____

Address:_____

Telephone:_____Email Address_____

Parent/Guardian Name:_____
Emergency Contact Name and Phone Number_____
_____

Immunization Records MUST be attached or your child will not be registered in the program!

Special Medical Conditions_____

Does Child require Medication_____, if yes, please attach medication name and dosage. ***Child must administer medication to self; Health Director will hold medication only.

Please note any allergies, limitations, diet needs or other concerns_____

Transportation: My child/children will be picked up by_____

Or_____#_____ or _____#_____

My child/children have permission to walk home_____

Note: Any changes in transportation requires written notification to Summer Recreation Director

My child has had a physical exam and/or doctor's approval to participate in this program.

Parent/Guardian Signature_____Dated_____