

TOWN OF CLINTON SUMMER RECREATION

REGISTRATION FORM

Please **PRINT** all information

Complete a separate form for **EACH** child

For Office Use Only

Date Received: _____

Registration Ck #: _____ Ck Amount: _____

Trip Ck# _____ Ck Amount: _____

I am signing my child up for: (please X the appropriate information below)

____ All 4 Weeks

____ 3 Weeks (indicate which weeks) ____ (6/27-7/1) ____ (7/4-7/8) ____ (7/11-7/15) ____ (7/18-7/22)

____ Weekly (indicate which week(s)) ____ (6/27-7/1) ____ (7/4-7/8) ____ (7/11-7/15) ____ (7/18-7/22)

____ **8am Childcare: Indicate dates needed:** _____

Child's Name _____

Present Grade _____

Address _____

(2015-2016 school year)

Health History

- Include items important to program management (chronic conditions, seizure activity, respiratory conditions, physical limitations, vision/hearing deficiencies, medication taken regularly, contact lenses, etc.)

Allergies: List _____

Usual Signs/Symptoms _____

Suggested Management _____

Clinton Town Recreation Program provides basic first aid. Illness/Injury requiring additional care may result in the following:

1. Parent/Guardian contact to provide further care.
2. First Aid Squad transport to Hunterdon Medical Center for emergency care.

No medication will be supplied/administered by the Summer Recreation Program.

Parent/Guardian (please print) _____ **Date** _____

Contact number during Summer Rec. hours: (please include area code)

Mother's Name and Cell #

Father's Name and Cell #

Alternate Contact and Cell #: _____

Please indicate how your child will be going home. (X on the line)

____ Daily bus to Glen Gardner

____ Walker

____ Daily Pick-up

ANY student being picked up **MUST** be signed out each day. Please print the name of the person(s) who have permission to pick-up your child if other than the mother and father named above: