



Registration Form - Children's Recreation Program

Child's Name: _____

Birth Date: (month/day/year) _____

Child's School: (If Applicable) _____

Allergies and other Medical Information: _____

How does your child communicate? _____

Name of Parents/Guardians: _____

Address: _____

Phone Number: _____

Email Address: _____

Cell Phone/Emergency Contact Number: _____

Persons allowed to pick-up your child from events: _____

(your child will only be released into the care of people listed above)

How would you prefer to hear about future events, programs, or services?

Phone email mail

How did you hear about us? _____

