

# 201\_\_ Village of Central Square Summer Recreation Program Enrollment Application

➤ PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD TO THIS APPLICATION (Not Returnable)

Today's Date \_\_\_\_\_

**\*Also a copy of current Immunization Record, including Doctor's name/address/phone\***

## Children must reside in the Village of Central Square or Town of Hastings

Note: this form can only be completed by a parent or legal guardian

### Child's Information:

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_  
Grade Fall Semester 2014 \_\_\_\_\_ School \_\_\_\_\_ Number of years in Summer Rec \_\_\_\_\_  
Home Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Allergies \_\_\_\_\_ Medications \_\_\_\_\_

### Parent/Guardian Information:

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact Name (not a parent) \_\_\_\_\_ Phone \_\_\_\_\_

List all persons that are allowed to pick this child up from Rec this summer other than parent:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

List all persons that are **NOT** allowed to pick up this child:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Please list any special instructions/concerns for your child we need to know about:

Autistic: Y \_\_\_ N \_\_\_ Medication \_\_\_\_\_

ADD: Y \_\_\_ N \_\_\_ Medication \_\_\_\_\_

ADHD: Y \_\_\_ N \_\_\_ Medication \_\_\_\_\_

Epileptic: Y \_\_\_ N \_\_\_ Medication \_\_\_\_\_

Asthmatic: Y \_\_\_ N \_\_\_ Medication \_\_\_\_\_

History of Seizures: Y \_\_\_ N \_\_\_ How Often: \_\_\_\_\_ Date of Last One: \_\_\_\_\_

Any other conditions or concerns we need to be aware of: \_\_\_\_\_

Any restraining order or custody issue details we need to know about: \_\_\_\_\_

If a caseworker will be visiting your child while attending the program, please give the day and name of the caseworker \_\_\_\_\_

Parent/Guardian must **READ** the statement below and **SIGN** to allow child's admittance to program:

I, \_\_\_\_\_ have received a copy, read & understand the Summer Recreation Parent Handbook as stated and am fully aware of what is expected of my child & myself as participants of the program. I accept any and all responsibility for damages that occur as an action of my child while at the recreation program. I also relieve the Village of Central Square and its employees of any and all liability or responsibility if my child is injured. I hereby give consent to the recreation staff or a duly appointed agent for my child to receive medical or surgical aid, as may be deemed necessary & expedient by a duly licensed physician or surgeon, in case of an emergency when I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_