

2011 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 2011 _____ 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 _____