

Memorial Park Registration Form

(Please Print)

Child(ren)'s Name: _____ Age(s): _____

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Child(ren)'s Name: _____ Age(s): _____

Address _____

Home Phone _____ Known Allergies _____

1.) Parent/Guardian Name: _____

Contact Phone # - Cell: _____ Work: _____

2.) Parent/Guardian Name: _____

Contact Phone # - Cell: _____ Work: _____

Activities/Sports child enjoys:

Anticipated Attendance at Fairview Summer Camp (Please check one.)

_____ 3-5 days per week _____ 1-2 days per week _____ occasionally

Do you give your child permission to arrive and leave the Fairview Summer Camp unchaperoned? ie: via bike or skateboard? YES NO

Will one of the parents/guardians be picking up the child from camp? YES NO

If you selected no, please list other acceptable adults that can dismiss the child.

◆ Name: _____ Phone #: _____

◆ Name: _____ Phone #: _____

◆ Name: _____ Phone #: _____

All other comments, questions and/or concerns:

IN CASE OF EMERGENCY

We make every effort to provide a safe and secure environment for your child during summer camp. In order to better protect the safety and health of your child, we request that you provide the following information:

In case of an emergency, we will contact the parent/guardian(s) listed. We request that the parent/guardian provide another contact, not living at that same address, that is authorized by the parent/guardian to act on his/her behalf should the parent/guardian not be available. We like to keep the most up-to-date information regarding your children.

THANK YOU!

Child(ren)'s Name: _____

Date of Birth(s): _____

EMERGENCY CONTACTS

1. Primary Contact: _____

Relationship: _____ Home/Cell: _____ Work: _____

2. Secondary Contact: _____

Relationship: _____ Home/Cell: _____ Work: _____

3. Alternate Contact: _____

Relationship: _____ Home/Cell: _____ Work: _____

Parent/Guardian Signature: _____ Date: _____