



**Neptune Township Summer Rec
Registration Application
2014**

Please Print (one form per child)

Child's Name _____

_____ Age _____ Sex

Address _____

Parent/ Guardian's name _____ Signature _____

Home Phone _____

E-mail address _____

Parent Phone **During Program Time** _____

Additional Emergency Contact # _____

Name / Relationship to child _____

Indicate specific medical allergies, chronic illnesses, other medical conditions or reasonable accommodations that the staff and medical personnel should be aware of:

List here the names of any persons who are RESTRICTED from child pick up:

CHECK ONE: ☐ Child will be dropped off / picked up ☐ Child will walk

_____ Office Use Only _____

☐ Proof of age ☐ Proof of address

☐ Liability Release / Medical Form ☐ Copy of Rules

☐ Payment Received by _____ Date _____

Amount _____ Cash / Check # _____ / Money Order # _____