



## Neptune Township Summer Rec 2015 Registration Application

**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 # \_\_\_\_\_