

CHILD'S NAME \_\_\_\_\_  
(FIRST) (MI) (LAST)

FEMALE \_\_\_\_ MALE \_\_\_\_ AGE \_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GRADE AS OF SEPTEMBER, 2017 \_\_\_\_\_ BUS STOP \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_  
(FIRST) (MI) (LAST)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH/PARENT \_\_\_\_\_ FEMALE \_\_\_\_ MALE \_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION: (Please list different information than above)

CONTACT NAME \_\_\_\_\_ / \_\_\_\_\_

EMERGENCY #1 \_\_\_\_\_ #2 \_\_\_\_\_

PROG/CODE \_\_\_\_\_ PROG/CODE \_\_\_\_\_ PROG/CODE \_\_\_\_\_

PROG/CODE \_\_\_\_\_ PROG/CODE \_\_\_\_\_ PROG/CODE \_\_\_\_\_

PROG/CODE \_\_\_\_\_ PROG/CODE \_\_\_\_\_ PROG/CODE \_\_\_\_\_

FEE ENCLOSED \$ \_\_\_\_\_ METHOD \_\_\_\_\_

**Camper grouped with: 1) \_\_\_\_\_ 2) \_\_\_\_\_**

T-SHIRT IS PROVIDED, PLEASE CIRCLE SIZE: YM YL AS AM AL

**DOES CHILD HAVE AN IEP:** \_\_\_\_ YES \_\_\_\_ NO (If yes, please provide existing plan)

I hereby give consent for my child to participate in the summer camp program indicated. I acknowledge that I have been informed that the Town of Orangetown and the Office of Recreation and Parks does not provide medical expense insurance in case of accident or injury, and understand that the risk of such expense will be borne by the parent or guardian. I have read and understand the registration policy.

SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_ DATE: \_\_\_\_\_