

BYRON SUMMER RECREATION REGISTRATION

June 30th - August 15th

10:00 am – 1:00 pm

Please list all children (last name, first name and ages) that will be attending recreation:

1. _____
2. _____
3. _____

Home address: _____

Home phone: _____

Mother's name: _____

Father's name: _____

Mother's workplace and phone: _____

Father's workplace and phone: _____

Daycare provider: _____

Address and phone: _____

Days and times of care: _____

In case parent(s) or daycare provider cannot be reached, who should be contacted in the event of an emergency?

Name: _____

Address and phone: _____

List any allergies, medications and other health information staff should know:

Comments/Other Information: _____

Parent/Guardian

Date