

Summer Recreation Program Registration Form

Name of Participant: _____

Date of Birth: _____ Age as of June 1, 2010: _____ Grade in Sept.,2010: _____

Name of Parent/ Guardian: _____

Address: _____ e-mail address: _____

Home Phone: _____ cell/work: _____

Emergency Contact Information: (we will call the person listed above first)

Name of person: _____ Phone: _____

Relationship: _____

Name of person: _____ Phone: _____

Relationship: _____

Known allergies and medical conditions: _____

My child will ___ walk home ___ be picked up by : _____
(List all those to whom you give this responsibility)

Signature of parent/guardian: _____ Date: _____

COMPLETE AND ATTACH THE BOROUGH PARTICIPATION FORM

Indicate which weeks your child will attend: Tuesday, Wednesday, Thursday:

___ Week 1 June 29, 30 and July 1 ___ Week 2 July 6 ,7, 8

___ Week 3 July 13, 14, 15 ___ Week 4 July 20, 21, 22

___ Week 5 July 27, 28, 29 *You can add additional weeks later if we have space*

Weekly Fee - \$50 x ___ weeks = \$ _____ Total Due Amount enclosed: \$ _____

Note: Minimum deposit to reserve a spot: \$25 Non-resident fee: \$75 per week

(If full fee is not enclosed, it must be paid in full by the first day of the week(s) attending)

We reserve the right to limit registrations based on space availability.

Make checks payable to the Borough of Haddon Heights

Office Use Only: ___ Registration Form complete ___ Participation Form completed/ attached

___ Weekly fee paid Amount: _____ (___ cash ___ check)