BEFORE & AFTER CHILDCARE REGISTRATION FORM

NAME: Student_____MALE:_____ FEMALE:_____

ADRESS:_____

CITY:_____STATE:_____ZIP:_____

GRADE:_____SCHOOL:_____TEACHER:_____

AGE:_____D.O.B.:_____

PARENT/GUARDIAN'S NAME: _____

PHONE#:_____WORK#:_____CELL#:_____

EMERGENCY CONTACT:_____PHONE #:_____

PHYSICIAN NAME:_____PHONE #:_____

PREFERRED HOSPITAL:_____

PLEASE CHECK OFF DAYS ATTENDING:

AM:	MON.	TUES.	WED.	THURS.	FRI.
PM:	MON.	TUES.	WED.	THURS.	FRI.

IMPORTANT INFORMATION (HANDICAPS< ALLERGIES< CUSTODY ISSUES, ETC.):

_____

_____

_____

LIST OF PEOPLE WHO HAVE PERMISSION TO PICK UP MY CHILD:

_____

_____

E-MAIL ADDRESS: PLEASE PRINT: _____

_____ has my permission to participate in the Before & After Childcare program. I assume all risks and hazards incidental to such participation . I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and instructors for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE:_____Date:_____

Mail or drop off at: Town of Southeast Recreation Department
1 Main Street / Brewster, New York 10509

phone (845) 279-3915 fax (845) 279-3137
E-mail: recreation@southeast-ny.gov website: www.southeast-ny.gov