



## TOWN OF ROCHESTER 2015 SUMMER PROGRAM ACTIVITIES REGISTRATION

Child's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ Town/ State/ Zip: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Name Of Parents/ Guardians: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Does your Child have any allergies? \_\_\_\_\_

Is he/she currently taking any medication? \_\_\_\_\_

Does your child have any disabilities and/or health conditions that the staff should know about?

\_\_\_\_\_

Do you have any restrictions and/or limitations on snack? \_\_\_\_\_

In Case of Emergency notify: (Please make these other than yourself in case we cannot reach you.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference in case of an emergency: \_\_\_\_\_

Insurance company name and number: \_\_\_\_\_

Date:	Cash/Check Number:	Amount: