



2021 Summer Park Program Registration Form

FAMILY INFO

Last Name: _____

Address: (Street, City, State, Zip) _____

Best E-mail: _____

Parent 1/ Guardian Name: _____ Parent 2/ Guardian Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell/Pager Number: _____ Cell/Pager Number: _____

Address: (If different from camper) _____ Address: (If different from camper) _____

Emergency Contact _____ Emergency Phone: _____

PARTICIPANT INFO

First Name	Last Name (if different)	Age/Grade in the Fall
1 st Child: _____	_____	_____/_____
2 nd Child: _____	_____	_____/_____
3 rd Child: _____	_____	_____/_____
4 th Child: _____	_____	_____/_____

Doctor's Name and Phone: _____

Dentist Name and Phone: _____

SESSIONS

Sessions you would like your child to Attend

You will be notified by text or phone which session your child will be in. If you would like more than one session and the availability is there you will be notified.
Please only apply if your child will be attending all days of the session you have selected. Drop-ins will not be available this year. If you are unable to attend after you have been selected for a session please notify Janet Bilicki as soon as possible so another child may attend.

Please select your preference 1, 2, 3

_____ Session 1 (July 5th-July16th)

_____ Session 2 (July 19th-July30th)

_____ Session 3 (August 2nd-August 13th)

NEW POLICIES

PLEASE READ CAREFULLY AND INITIAL EACH POLICY

_____ I understand that the Park Program Staff will NOT be allowed to put sunscreen or bug spray on my child.

_____ I have read and understand the parent Handbook.

_____ I understand that drop in sessions will not be an option this year.

_____ I understand that I must complete the on-line screening every morning via the Middleton Schools Google Form.

SIGN

I give my permission to the Middleton Recreation Director to make whatever emergency(i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Town of Middleton Park Program. In cases of emergency I understand that my child will be transported to _____, by the local emergency unit for treatment if the local emergency and rescue services deem it necessary. It is understood that in some medical situations that the staff will need to contact the local emergency resource before the parent, child physician, and/or any other adult acting on the parent's behalf.

The Middleton Recreation has my permission to use my or my child's photograph publicly to promote their programs. I understand that the images may be used in print publications, on-line publications, presentations, website or social media.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

FOR OFFICE USE ONLY

Date Received: _____

Sessions attending: _____

Confirmed: _____

DONATIONS

- * We are accepting donations for certain items:**
- Gallons of Water
 - Freeze Pops
 - Paper Towels
 - Plastic Cups
 - Hand wipes
 - Sanitizing wipes