

SUMMER RECREATION REGISTRATION FORM 2008

Please complete one form per child. Return with checks payable to: Long Hill Township and mail to 915 Valley Rd. Gillette, NJ

Registrations are due by May 15th

Child's Last Name _____ Child's First Name _____
 Address _____
 Town: _____ Zip _____
 Birth Date: _____ (Copy of Birth Certificate Required for 4 yr. olds)
 Grade (Fall 2008) _____ Male _____ Female _____

	Mother/Guardian	Father/Guardian
Name		
Home Phone #		
Work Phone#		
Cell Phone #		
Email		

Please provide information for 2 emergency contacts (other than parents) who are in close proximity to the program and can be reached during the day. We will always attempt to contact the parent first.

	Emergency Contact #1	Emergency Contact # 2
Name		
Home Phone #		
Work Phone#		
Cell Phone #		
Email		

The following individuals (in addition to parent/guardian and emergency contacts listed above) are allowed to sign-in/out my child from the program. Please include car pools.

	Name	Home Phone	Work Phone	Cell Phone
1				
2				
3				
4				

Place in Group with: _____

Allergies: _____

Epi-Pen Required: _____ Yes _____ No (Must be given to the Site Supervisor with instructions for use)

Any medical, physical, behavioral or mental health conditions we should be aware of:

I hereby give permission for my child to attend this program and give permission for the staff to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to sign my child in or out of the program. I agree with the Recreation Department's registration and refund policies.

Parent/Guardian Signature _____ Date _____

NO REGISTRATIONS WILL BE ACCEPTED AFTER MAY 15th. NO REFUNDS UNLESS THE PROGRAM IS CANCELLED.

CONTACT recreation@longhillnj.us FOR MORE INFORMATION or

visit www.longhillnj.us and click on recreation.