

Town of Vernon Parks and Recreation R.E.K. REGISTRATION FORM 2012-2013

Participant Name _____

Address _____

Date of Birth _____ Age _____ Gender M F

School _____ Grade _____ Teacher _____
(Maple Street School bus waiver _____)

\$13.00 per day - \$19.00 per half day (early dismissal)

CIRCLE DAYS NEEDED (you must choose and commit to which days your child will attend)

AFTER SCHOOL CARE M T W Th F

Parent/Guardian Name _____ Date of Birth _____

Address _____

Phone: Home _____ Work _____ Cell _____

E-Mail Address _____

**** Payments:** I understand that payment is due **prior** to attendance. If my child is absent from the program, I am still financially responsible for this day. Payments will be **bi-monthly or monthly** and will be received at each site, on-line, by mail or at the Parks and Recreation Department office. You may pay by personal check, money order, cash, Visa or MasterCard. **If payments are delinquent, there will be a late fee of \$8.00, and your child will no longer be registered for the program.**

Payment Options: **Bi-monthly** _____ **payment due the 15th & 30th in advance of each month**
 Monthly _____ **payment due the 15th in advance of each month**

_____ PLEASE INITIAL **

EMERGENCY CONTACTS:

1. _____ phone _____

2. _____ phone _____

3. _____ phone _____

THESE ARE THE PEOPLE I AUTHORIZE TO PICK UP MY CHILD:

1. _____ phone _____

2. _____ phone _____

3. _____ phone _____

Is there anyone who is **NOT** allowed to pick up your child? (i.e. restraining order) **YES** **NO**

If yes, please list name of person and a brief description _____

SPECIAL MEDICAL NOTES _____

ALLERGIES _____

Any other information we need to know _____

The undersigned parent or guardian does grant permission to the named individual to participate in the Vernon Parks and Recreation Department's R.E.K. Program. The undersigned does hereby waive, absolve, indemnify and agree to hold harmless the Town of Vernon, the Parks and Recreation Department, the Vernon Board of Education and all other sponsors and supervisors of the above said program. As a parent or guardian of the above participant, I realize there are inherent risks involved in physical activity.

Signature of parent/guardian

date

Completed forms, with full payment included, may be mailed or delivered to:
Vernon Parks and Recreation Department
120 South Street
Vernon, CT 06066
Telephone: 860 870-3520 Fax: 860 870-3525
www.vernon-ct.gov