



Park School Registration Form

Child Name	Age	Grade in Sept '11	In Town	Out of Town
1. _____			\$150.00	\$200.00
2. _____			\$125.00	\$200.00
3. _____			\$125.00	\$200.00
4. _____			\$125.00	\$200.00
5. _____			\$125.00	\$200.00

Total Enclosed _____

Address: _____ Telephone #: _____

Parent/Guardian: _____

1st Contact: _____

Phone Number: _____ Cell Phone Number: _____

2nd Contact: _____

Phone Number: _____ Cell Phone Number: _____

3rd Contact: _____

Phone Number: _____ Cell Phone Number: _____

4th Contact: _____

Phone Number: _____ Cell Phone Number: _____

In order for our staff to assure your child a happy, meaningful experience at our Program, please share any special needs your child may have. (i.e. learning disabilities, limitations, etc.)

Permission to walk home:

I give my child permission to walk home alone: _____: Yes _____: No

Permission to participate:

I give my permission for my child to participate in all program activities. He/she is in good health and may participate in normal program activities unless I specify otherwise.

Emergency Medical Authorization & Release/ Indemnification:

In the event a medical emergency should arise while my child is attending the Lebanon Borough Recreation Program, and I and/or my spouse can not be contacted, or there is not time to do so, I have the right and do hereby authorize and delegate to the Lebanon Borough Recreation Program Director, and grant her/him Power of Attorney to sign on my behalf for my child all necessary or required medication authorizations, releases, or other medical documents, and I do hereby release and indemnify the Lebanon Borough Recreation Program, the Borough of Lebanon and the Lebanon Borough Public School, as well as its employees, principals, agents or assigns from any and all claims, or damages relating to such actions undertaken on my child's behalf.

Name of family physician _____ Phone: _____

Name of family dentist _____ Phone: _____

Please be aware of the following medical concerns regarding my child/children:

Child's First and last name: _____

Allergies or Medical Concerns: _____

Child's First and last name: _____

Allergies or Medical Concerns: _____

Child's First and last name: _____

Allergies or Medical Concerns: _____

Child's First and last name: _____

Allergies or Medical Concerns: _____

EMERGENCY CONTACTS AND PICK UP AUTHORIZATION

Child's name _____

Please list all persons authorized to pick up your child. Parents or guardians must be included on this list. No child will be released without the person picking the child up being on this list. NO exceptions will be made to this policy. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if the non-custodial parent has limits on visitation or pick up. If a non custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the Program director and kept on file.

1. Name _____ Address _____

Home Phone _____ Work Phone _____

Relationship _____ Cell phone _____

2. Name _____ Address _____

Home Phone _____ Work Phone _____

Relationship _____ Cell phone _____

3. Name _____ Address _____

Home Phone _____ Work Phone _____

Relationship _____ Cell phone _____

4. Name _____ Address _____

Home Phone _____ Work Phone _____

Relationship _____ Cell phone _____

PLEASE MAKE SURE AT LEAST ONE OF THE EMERGENCY CONTACTS IS AVAIABLE AT ALL TIMES WHILE YOUR CHILD IS AT PARK SCHOOL. IN THE EVENT OF AN EMERGENCY, PARENTS WILL BE CONTACTED. IF NOT AVAILABLE, THE OTHER INDIVIDUALS ON THE EMERGENCY CONTACT/ PICK UP LIST WILL BE CONTACTED.

X _____
Parent/Guardian Signature

Date