

Registration Card - 2019

Park _____

Participant: _____ Residence: City County Age: _____ Male Female

Birth Date: _____ Parents/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____ Other#: _____

Email Address: _____

The following people are authorized to pick up my child:

- 1. _____ Phone #: _____ Phone #: _____
- 2. _____ Phone #: _____ Phone #: _____
- 3. _____ Phone #: _____ Phone #: _____
- 4. _____ Phone #: _____ Phone #: _____
- 5. _____ Phone #: _____ Phone #: _____

*Please note if your child has a physical disability, allergies, requires medication, is an exceptional child or has any medical consideration such as epilepsy: _____

*My child has permission to swim with the group on assigned days. Yes No - Lessons are not included in this program.

◆ Program Hours are from 8:00 a.m. – 5:00 p.m. with limited supervision from 7:30 a.m. – 8:00 a.m. and from 5:00 p.m. – 5:30 p.m. Late pick-up fees will be assessed for participants picked up after 5:30 p.m. I have read and understand the information in the Parent Policy Handbook.

Signature

Date

Week 1 June 10-14	Deposit:	Owes:	Week 2 June 17-21	Deposit:	Owes:	Week 3 June 24-28	Deposit:	Owes:	Week 4 July 1-5	Deposit:	Owes:
Week 5 July 8-12	Deposit:	Owes:	Week 6 July 15-19	Deposit:	Owes:	Week 7 July 22-26	Deposit:	Owes:	Week 8 July 29 – Aug 2	Deposit:	Owes:

Document shown: _____

Photo Id: _____

Staff: _____