

**BRANFORD RECREATION DEPARTMENT
SUMMER PLAYGROUND CAMP – 2017**

PLAYGROUND _____

Please fill out form completely. All information will be held confidential.

Child's Name: _____ Age: _____ DOB: _____ Grade: _____

Home Address: _____ City: _____ Home Telephone: _____

Mother's Name: _____ Home Number: _____

Cell phone: _____ Work Number: _____

Father's Name: _____ Home Number: _____

Cell phone: _____ Work Number: _____

Alternate emergency contact: _____ Relationship: _____

Alternate emergency contact numbers: home: _____ work: _____ cell phone: _____

Child's Physician's Name: _____ Phone number: _____

- **Please list any medical problems/illness, including allergies to medications, foods, bees, etc. REMEMBER, WE CANNOT ADMINISTER MEDICATIONS!**

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- **Please list any physical limitations or behavioral concerns- if none write "none"**
-

Please check all that apply:

- ✓ _____ **My son/daughter** _____ **has my permission to sign out of camp at the end of the day, 3:00 P.M. for regular camp hours, or 5:00 P.M. if enrolled in after care and the Branford Recreation Department is NOT held responsible for him/her when he/she leaves the grounds. Parents must submit a note in writing on a daily basis if there are any alterations to the times listed above.**
- ✓ _____ **My son/daughter** _____ **does not** have my permission to come and go from the playground. Once at the playground, he/she will remain on the playground until picked up by the designated person.
- ✓ _____ **In case of injury or illness, I/We grant permission to have first aid treatment administered and/or Emergency Medical personnel render medical treatment to my son/daughter as necessary.**

**Please Note all parents/guardians MUST sign their child/ren into camp on a daily basis. NO EXCEPTIONS!
Please list names of all persons designated to pick up your child (This includes parents names as well.)**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

***By signing this form you agree that you have read all the rules and regulations governing the Branford Recreation Departments Summer Playground Camp and that all information is correct:

Parent Signature: _____ **Date:** _____

Please print your name: _____

E-mail Address: _____

OFFICE USE ONLY: Date: _____ Staff Initials: _____

T-Shirts Issued: YES NO Size: _____ Handbook Issued: YES NO Cooler Issued: YES NO