

**FOR OFFICE USE ONLY:** PAID WITH CHECK: AMOUNT AND NUMBER \_\_\_\_\_  
REGISTRATION TIME: PAID WITH CASH: AMOUNT \_\_\_\_\_

**2016 SUMMER PLAYGROUND PROGRAM**  
**Grades 1<sup>st</sup> to 5<sup>th</sup> (Grade in Fall 2016)**  
**Registration Form**

Child's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Zip Code

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (W) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (W) \_\_\_\_\_

Email Address \_\_\_\_\_

Person having custody of child \_\_\_\_\_ Custody restraints Y \_\_\_\_\_ N \_\_\_\_\_

**Person with permission to pick up child other than parents:**

1) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
2) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

**Who may NOT pick up child:**

1) \_\_\_\_\_ Relationship to child \_\_\_\_\_  
2) \_\_\_\_\_ Relationship to child \_\_\_\_\_

\* \* \* \* \*

**Please check off the sessions that your child will be attending:**

Week 1: July 5 – July8	_____		<b>**PLEASE NOTE:</b>
Week 2: July 11– 15	_____	Quassy Park Field Trip (5 PM)	_____ <b>EXTENDED HOURS</b>
Week 3: July 18 - 22	_____	Splashdown Park Field Trip (4 PM)	_____ <b>FOR THESE TWO</b>
Week 4: July 25 - 29	_____		<b>FIELD TRIPS**</b>

**\*\*Money for field trips is due at time of registration. 7/12 Quassy, \$28.00 7/19 Splashdown, \$33.00, Trips are to be paid separately by cash or check.**  
**\*\*If you elect not to participate in out of town field trips, please be aware all sites will be closed for the day**

**FOR OFFICE USE ONLY:**

Child's Birth Date \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_ Age as of June 1, 2016 \_\_\_\_\_  
\* School attending Fall 2016 \_\_\_\_\_ School playground placement MOR, HAYES, PARK, KSP, KSI, STAD  
T-Shirt Size \_\_\_\_\_ Report Card Presented \_\_\_\_\_

## EMERGENCY / MEDICAL INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Phone (C): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Phone (C): \_\_\_\_\_

Emergency contact person(s) who are authorized to give consent in the event a parent/guardian cannot be reached:

1) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies, Nosebleeds, Bites, etc.:  yes  no

If yes, please explain: \_\_\_\_\_

Does your child have any special needs or receive care for any special needs that we need to be made aware?  yes  no

I certify that, to the best of my knowledge, my child is in good health and able to participate in the 2016 Summer Playground Program. In the event of an emergency, I understand that every effort will be made to contact the parent/guardian. In the event he/she cannot be reached, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery as deemed necessary for the child named above.

Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

---

## PARENT/LEGAL GUARDIAN AGREEMENT

I give full permission for \_\_\_\_\_ to attend the 2016 Summer Playground Program and participate in all activities including any off site trips. I have read the 2016 Summer Playground flyer and agree to abide by its rules. I authorize the use of photographs of my child for the use of promoting the 2016 Summer Playground Program. I understand that 2016 Summer Playground Program is not responsible for any personal property. Electronic devices including cell phone are prohibited. 2016 Summer Playground Program reserves the right to cancel or modify any session.

**NO REFUNDS WILL BE GIVEN AFTER JUNE 30<sup>TH</sup>.**

I, the undersigned, understand and agree to adhere to the policy that in the event that disciplinary action must be taken it will at the discretion of the Site Director and the Office of Danbury Parks and Recreation. Actions will be in congruence with the Danbury Public Schools Disciplinary Procedures, a copy of which may be obtained upon request. In the event your child is suspended or expelled from the program,

**THERE WILL BE NO REFUNDS, INCLUDING ANY PREPAID TRIP FEES.**

I have read all the information including the Emergency Medical Policy as well as the Parent/Guardian Agreement and agree to adhere to the above stated procedures.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_