BYRON SUMMER RECREATION REGISTRATION
July 6th - August 13th
Monday – Thursday (No Camp on Fridays)
10:00 am – 1:00 pm

Please list all children (last name, first name and ages) that will be attending recreation:

1. _____
2. _____
3. _____

Home address: _____
Home phone: _____
Mother's name: _____
Father's name: _____

Mother's workplace and phone: _____
Father's workplace and phone: _____

Daycare provider: _____
Address and phone: _____
Days and times of care: _____

In case parent(s) or daycare provider cannot be reached, who should be contacted in the event of an emergency?
Name: _____
Address and phone: _____

List any allergies, medications and other health information staff should know:

_____
_____

Comments/Other Information: _____
_____
_____

_____ _____
Parent/Guardian Date