

**THE WAKEFIELD RECREATION DEPT.**

**SUMMER CLUB REC PROGRAM**

**THIS FORM MUST BE COMPLETED FOR EACH CHILD PRIOR TO PROGRAM START**

**INFORMATION SHEET**

Child's Name: \_\_\_\_\_

Attending Week of: \_\_\_\_\_

Days Attending:                      Mon    Tue    Wed    Thur    Fri

*(Please circle)*

Days Attending AM Care:            Mon    Tue    Wed    Thur    Fri

*(Please circle)*

Days Attending PM Care:            Mon    Tue    Wed    Thur    Fri

*(Please circle)*

Parent/Guardian Name(s) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Name of Child's Doctor/Health Clinic: \_\_\_\_\_

Doctor/Health Clinic Phone No.: \_\_\_\_\_

Person(s) to be called should a parent/guardian not be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Important information about your child (allergies, physical limitations, etc): \_\_\_\_\_

\_\_\_\_\_

(if your child requires an epi-pen or inhaler, he/she is required to bring it to the program)

Friend Request (Not Guaranteed): \_\_\_\_\_

MY CHILD WILL BE PICKED UP BY: \_\_\_\_\_

\_\_\_\_\_