



2018 END-OF-YEAR-PARTY!



PARENT/GUARDIAN NAME & PHONE:	Name: _____	Contact #: _____ ()
PARENT/GUARDIAN NAME & PHONE:	Name: _____	Contact #: _____ ()
FULL ADDRESS:	Address: _____	City, State & Zip Code: _____
EMAIL ADDRESS & ADD'L PHONE:	Email: _____	Phone #: _____ ()
EMERGENCY CONTACT:	Name: _____	Contact #: _____ ()
LIST OF AUTHORIZED PEOPLE TO PICK UP YOUR CHILD		

Child's Last Name, First Name	Date of Birth	
Age	Grade	Gender (Circle One)
		M or F

Fee: \$5.00 per child

MEDICAL INFORMATION: Please complete all questions in necessary detail for your child's welfare and enjoyment.

Doctor: _____ Phone #: _____

Known Allergies: _____

Medications or Precautions necessary for the allergy? _____

Will your child be required to use an inhaler during program hours? Yes: _____ No: _____

Medical Comments – _____

AUTHORIZATION: *I authorize that the above information is accurate and current, and all information has been filled out by the appropriate parties. In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Town to hospitalize and secure treatment for my child. I understand that the Town of Ramapo does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I will allow photos for promotion.*

Signature _____ Date _____
(Required-Parent/Legal Guardian)

*Bring application and payment to the JTS Center or mail to
 Ramapo Parks & Recreation Dept, 3 Palisades Credit Union Park Drive, Pomona, NY 10970
Must register by May 29th Sign Up Now! Program will not run without minimum registration.