



2016 -17 BARNEGAT TOWNSHIP

FIRST TIME ON MY OWN REGISTRATION FORM

Monday & Thursday 9:35 – 11:30

CHILD NAME _____ AGE _____ DOB _____
PARENT/GUARDIAN
NAMES _____

ADDRESS _____

PHONE NUMBER YOU WOULD LIKE TO BE CALLED/TEXT ON _____

2ND PHONE NUMBER TO BE CALLED/TEXT ON _____

EMAIL ADDRESS _____

(We will be contacting parents/guardians via email and text, so please WRITE CLEARLY)

PICK UP AUTHORIZATIONS – Please be sure your child knows who will be picking them up.

Please list below, people who are authorized to pick up your child from Barnegat Recreation programs. Our policy states that your child can only be released to persons you have written below. Anyone picking up your child **MUST HAVE IDENTIFICATION, A DRIVERS LICENSE**, present with them at time of pick up or YOUR CHILD WILL NOT BE RELEASED TO THEM. If they do not have identification, you will be contacted.

PLEASE PRINT CLEARLY AND LEGIBLY: If you have any additional names to add, please fill out on back of page.

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone#: _____

ALLERGIES AND HEALTH CONCERNS – Please be sure to list all allergies and health concerns. Also, please list any medication(s), if applicable:

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RECEIPT # _____ AMT _____ DATE _____