

RINDGE RECREATION DEPARTMENT
After School Program Registration Form

Payments are due in advance.

OPTIONS:

After School **\$ 7.00**
School Cancellation Days **\$15.00**

June 2010

() **Week 1 (6/1-6/4)**
T W TH F

() **Week 2 (6/7-6/11)**
M T W TH F

() **Week 3 (6/14-6/18)**
M T W TH F

CHILD'S NAME _____ GRADE _____ DATE OF BIRTH _____
ADDRESS _____ TOWN _____ ZIP _____ PHONE _____
MALE/FEMALE _____ EMAIL ADDRESS _____

PARENTS/GUARDIANS:

1. NAME _____ RELATIONSHIP _____
HOME ADDRESS _____ TOWN _____ PHONE _____
EMPLOYER _____ TOWN _____ PHONE _____
WORK HOURS _____ CELL PHONE/PAGER _____

2. NAME _____ RELATIONSHIP _____
HOME ADDRESS _____ TOWN _____ PHONE _____
EMPLOYER _____ TOWN _____ PHONE _____
WORK HOURS _____ CELL PHONE/PAGER _____

*****IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:**

NAME _____ RELATIONSHIP _____
HOME ADDRESS _____ TOWN _____ PHONE _____
EMPLOYER _____ TOWN _____ PHONE _____
WORK HOURS _____ CELL PHONE/PAGER _____

