

**Town of Franklin Summer Youth Park Program Registration**

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

Date of Birth: \_\_\_\_\_ Grade Entering in Sept. \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Residency:    \_\_\_\_\_ Town of Franklin                      \_\_\_\_\_ Town of Brighton  
                  \_\_\_\_\_ Town of Santa Clara                    \_\_\_\_\_ Town of Harrietstown  
                  \_\_\_\_\_ Town of St. Armand                    \_\_\_\_\_ Town of North Elba

Other, please indicate: \_\_\_\_\_

Is Your Child Eligible for Free/Reduced School Lunch \_\_\_\_\_yes \_\_\_\_\_no (no proof necessary, info is confidential)

Home Phone #: \_\_\_\_\_

Phone # where parent/guardian can be reached during Park hours: \_\_\_\_\_

Emergency Contact (if parent/guardian cannot be reached at above numbers):

Name & Number \_\_\_\_\_

Allergies or Special Conditions child has that we should be aware of (such as seizures, bee stings, asthma, or food allergies): \_\_\_\_\_

Use of Neosporin Ointment, as needed.... \_\_\_\_\_yes \_\_\_\_\_no

Person, or Persons, having permission to deliver and pick up my child (other than parents/guardians), include phone #'s: \_\_\_\_\_

I understand that the hours of this Program will be from 9:00am-2:00pm. I will let the Director know in advance, if special arrangements need to be made in regards to my child being dropped off or picked up. I also agree to indemnify and hold harmless the Town of Franklin from any and all claims or demands by myself, my family and any third party accruing or arising out of use of said Town property and equipment during the summer recreation program.

Signature & Date \_\_\_\_\_

(Relationship to Child) \_\_\_\_\_