

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

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

Date of Birth: \_\_\_\_\_ Grade Entering in September: \_\_\_\_\_

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

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

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

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

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

**Emergency Contact** (if parent/guardian cannot be reached):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Person(s) having permission to deliver and/or pick up my child** (other than noted above):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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

My child has permission to carry and apply FDA approved, over-the-counter \_\_\_ **sunscreen** and/or \_\_\_ **insect repellent** during the Town of Franklin Summer Youth Program.

\*\*\*The N.Y. State Health Department requires that we keep a copy of your child's immunization records on file. The Town of Franklin requires **ALL** youth age 5 and above to be fully vaccinated against **COVID-19**. **Please be sure to bring an updated copy of all vaccine records on the first day of attendance.**

I understand that the hours of this program are 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 said Town property and equipment during the summer recreation program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_