## Otisville-Mount Hope Summer Youth Recreation Program 2016

An Official Doctor's transcript with dates of your child's immunizations must be submitted with this application.

Registration-Medical Form			
Childs name:	,		Current Grade:
Childs name:Last			
Birthdate:	Sex:	Age:	<del></del>
Childs name:Last	·	E: 4	Current Grade:
Last Birthdate:			
Childs name:Last		First	Current Grade:
Birthdate:			
Parent or Guardian:			
Complete MailingAddress:			
Email Address:			
Home Phone:  Residents – Please check one: T If Non-resident: List school(s) tl	Business Phorown of Mt. Hone child(ren) at	ne:Vi ppe?Vi ttended:	Cell Phone:
* <u>It is absolutely required</u> to pro	vide 2 emerge	ncy phone nun	nbers other than those listed above!
1. Emergency Name:			Phone:
2. Emergency Name:			Phone:
List any adult other adult who y released to anyone less than 18 y		to pick-up you	r child. Please note that children cannot be
Pediatrician:			Phone:
Medical History-PLEASE NOTE	any medical p	problems or con	nplications, i.e. chronic illness, asthma, etc.
Medical Problems or Illnesses:			
Allergies:			
Medications:			

<sup>\*\*</sup> All prescription medications MUST be accompanied by a Doctor's note presented by a parent or guardian to the Medical Director. Back of paper may be used for additional information.

<sup>\*\*\*</sup> A latch key program will be added to the program from 3-5 pm. Monday thru Friday for 6 weeks for an additional \$300.00 per child. All fees are due at time of registration no exceptions. A minimum student enrollment is required otherwise the program will not be instituted.\*\*