

2023 SUMMER PARK PROGRAM REGISTRATION

June 12 – August 4

(Must have completed Pre-K and have not started 6th grade)

Name of Child: _____

Age on June 12: _____ Upcoming Grade for 23/24 School year: _____

Parent/Guardians Name: _____

Street Address: _____

Phone: _____ Alt Phone: _____

List 3 contacts and their phone numbers that can be contacted in case of an emergency:

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

Is your child allergic to anything? _____ If yes, please indicate what the child is allergic to:

Is your child on any medication? _____ If so, please list medications for emergency purposes only.

NOTE: If your child is prescribed behavioral medication (Ritalin, Adderall, etc....) during school, then your child should take behavioral medication during Park Program. Our staff is not responsible for dispensing medication(s). If your child is having behavioral problems during Park Program that is distracting, frightening or a nuisance to other children, we reserve the right to call the parent to pick up the child.

Please list any additional information that staff may need to know about your child.

- Each Day your child will need to bring (or wear) a bathing suit, a towel and bring undergarments so that he/she can change after swimming.
- Your child will need to wear tennis shoes so that he/she can run and play. PLEASE: no dress shoes, flip flops, or sandals. We don't want scrubbed toes or hurt feet.
- Bullying, fighting, profanity or disrespect to staff or other children will NOT be tolerated. First offense will be a one-day dismissal from the Park Program. If there is a repeat problem, the child will not be allowed to return to the Park Program for the remainder of the summer. This no tolerance policy is for the safety and well-being of all others attending.

(continued on back)

PARENT/GUARDIAN CONSENT FORM:

I have read and understand the general Park Program rules.

I give my child _____ permission to attend the 2023 Mt. Gilead Summer Park Program. I release the Town of Mt. Gilead, all Park Program staff, and the Parks and Recreation Committee of any liabilities concerning my child while he/she is involved in the Park Program.

- I understand that my child is to be dropped off at the park no earlier than 8:00 (no supervision will be available before that time) and is to be picked up no later than 12:30 pm. _____ (initials)
- I give permission for my child to participate in supervised walking field trips around Mt. Gilead _____ (initials)
- I give Park Program permission to use photo likenesses of my child to help promote the program in the local newspaper(s), the Park/Pool/Town Facebook page(s) and on the town website _____ (initials)
- I agree to notify staff in a timely manner about any signs of sickness, fever or positive COVID-19 tests and will keep my child at home for the recommended quarantine time _____ (initials)

Parent/Guardian Signature

Date

(end)