

**Pre-School Summer Fun 2011 Application**

Child Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Last name, first name

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

Child's Grade entering in September 2011 \_\_\_\_\_

Mother's Name

Father's Name

Address:

Address:

Business ( ) \_\_\_\_\_

Business ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Emergency Contacts:

\_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Pick up List - Must provide 3 names**

**UPON PICK UP IDENTIFICATION MUST BE PRESENTED**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

## Maywood Medical Information / Release Form

Name of Child: \_\_\_\_\_ Grade in 9/2011 \_\_\_\_\_

Physician: \_\_\_\_\_

Business Number: (    ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy ID Number: \_\_\_\_\_

### Medical Allergies or Medical Conditions:

Tetanus   Bee Stings   Wasp Bites   Penicillin   Peanut Butter  
Peanut oil   Cheese   Dairy Products   Suntan Lotion   Grass Pollen  
Chlorine   Latex   Other: \_\_\_\_\_   Other: \_\_\_\_\_

Please list any medical problems, conditions, disabilities or medication your child is taking:

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I ( Print ) \_\_\_\_\_ authorize the  
Maywood Recreation Department to use their best judgment for emergency  
treatment or in sending my child \_\_\_\_\_  
to the hospital for advanced medical treatment, if a parent / guardian cannot  
be reached.

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

In case of emergency, please call \_\_\_\_\_