

Weeks Attending: _____ Aftercare: _____

SUMMER CLUB 2024

Child Name _____ Telephone () _____

Home Address: _____

Attach a photo of your child to this application

Child's Grade entering in September 2024 _____

Parent/Guardian Name:

Address:

Cell () _____ Cell () _____

E:mail address: _____

Emergency Contacts: * Please list the name of someone who can pick up your child if needed.

_____ Home: _____ Cell: _____

_____ Home: _____ Cell: _____

Maywood Medical Information Release Form

Physician: _____

Telephone Number: () _____

Health Insurance Company: _____

Policy ID Number: _____

Allergies: _____

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

*Please indicate if an Epi Pen, inhaler will be left at camp

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 _____

RELEASE

Child's Name: _____

I (print) _____ give permission for my child to walk (weather permitting) or use the Borough of Maywood Shuttle Bus as necessary.

Signature: _____ Date: _____

Will your child be attending aftercare? Y _____ N _____

Who will be picking up your child?

Name: _____

Relationship: _____

Telephone Number () _____

Name: _____

Relationship: _____

Telephone Number () _____

Name: _____

Relationship: _____

Telephone Number () _____

***If your child is going home with another camper or it is someone other than a person listed above. Please send written authorization by e-mail to recreation@maywoodboro.org list your child's name and grade in the subject line.**

PICK UP TIMES ARE:

4:00 PM FOR REGULAR DAY AND 5:30 PM FOR AFTERCARE

PROMPT PICK UP IS MANDATORY - LATE FEES WILL BE CHARGED