

**TINY BUBBLES**

**2024 REGISTRATION FORM**

**3-4 Year Olds**

**TUES./THUR. 9:00 am - 1:00 pm**

**JULY 2 - AUG 8, 2024 (No Camp: July 4) FEE: \$125**

**Room 9 (1030.302)** \_\_\_\_\_

**Room 10 (1030.304)** \_\_\_\_\_

Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Parent or Guardians Name \_\_\_\_\_

Home/Phone \_\_\_\_\_ Work/Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Name/Relationship/Phone \_\_\_\_\_

Primary	1. _____	Phone _____
Pick-up	2. _____	Phone _____
People	3. _____	Phone _____

Medical Condition/ Allergies \_\_\_\_\_ Medication \_\_\_\_\_

\*\*\*Any child requiring an epi-pen needs to complete a Doctors order form prior to the start of the program.

Does your child require any supportive services? Yes \_\_\_ No \_\_\_

Fee: \$125.00 per child Cash \_\_\_\_\_ Check \_\_\_\_\_ Made payable to Treasurer Town of Wallingford

- \*Please note child must be potty trained by start of program
- \*Parent must provide child's snack (due to food allergies in other children, please do not pack peanut-based products with your child)
- \*For your convenience, please send your child with an extra set of clothes, please label all personal items

I authorize all representatives of the Wallingford Recreation Department to administer basic first aid to the registrant: \_\_\_Yes \_\_\_No