

TINY BUBBLES

2024 REGISTRATION FORM

3-4 Year Olds

Mon, Wed & Fri. 9:00 am - 1:00 pm

JULY 1 - AUG 7, 2024 (No Camp: July 5) FEE: \$175

Room 9 (1030.301) _____

Room 10 (1030.303) _____

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: \$175.00 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