

**POP SHOTS (1035.302)**

**2024 REGISTRATION FORM**

**5-6 Year Olds**

**MON/WED/FRI 9:00 am - 1:00 pm**

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

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

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

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