

POP SHOTS (1035.302)

2024 REGISTRATION FORM

5-6 Year Olds

TUES/THURS 9:00 am - 1:00 pm

July 2 - Aug. 8, 2024 (No Camp: July 4) FEE: \$125

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

<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>
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I authorize all representatives of the Wallingford Recreation Department to administer basic first aid to the registrant: ___Yes ___No