

Swim Program Yes___ No___
Palenville Bus Yes___ No___
(Bus registration card required)
Bus from CES to Catskill
Community Center Yes___ No___

CATSKILL COMMUNITY CENTER SUMMER RECREATION (4 Yrs (7/6/10) – 8th Grade)

Program_____ Age as of July 6, 2010_____

Child's Name_____ Home Phone_____

Family Name_____ Work Phone_____

Address_____ Cell Phone_____

Grade and School entering in the Fall (2010-2011)_____

Family Doctor_____ Phone_____

Insurance Information: Insured Name_____ Provider_____

Phone_____ Group ID_____

If you can not be reached in case of emergency, who do you wish to be notified?
Name_____ Phone_____

*Is there anyone who may **NOT** pickup your child due to Court Order, etc.?*
Name (s) (please print)_____

Any serious allergy or condition?_____

This program has a Zero Tolerance Policy. General misconduct including fighting, endangering others, or behavior deemed inappropriate by employees of the program may result in suspension from the program.

Parent/Guardian Signature_____ Date_____

HOSPITAL PERMISSION FORM

Child's Name_____

Family Doctor_____ Phone_____

TO WHOM IT MAY CONCERN:

I give permission, in the event of an emergency, to treat my child at Columbia Memorial Hospital.

Parent/Guardian Signature_____ Date_____

Phone: Home_____ Work_____ Cell_____