

**Wallingford's 2022 Summer Recreation Program**

**REGISTRATION FORM**

**Please mail form to: Wallingford Town Hall  
75 School Street  
Wallingford, VT 05773**

**Child's Name:** \_\_\_\_\_

**Grade Entering in the Fall:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Please circle weeks attending:**

June 27-July 1                  July 5- 8                  August 8- 12                  August 16-20.

**Approximate Time for drop off** \_\_\_\_\_ **pick up** \_\_\_\_\_

**Person(s) who will be regularly picking up child** \_\_\_\_\_

**Others approved to pick up child:** \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town of Residence:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Parent/Guardian's email:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town of Residence:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Parent/Guardian's email:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Please read and fill out carefully. If a parent needs to be contacted during camp, this is the "go to" page for staff.**

**First Contact:** \_\_\_\_\_ **at** \_\_\_\_\_  
**parent/guardian name**                      **phone # and if it is work/home/cell**

If the first contact number cannot be reached, then try \_\_\_\_\_  
at \_\_\_\_\_.

If neither of the above can be reached, please provide Emergency Contacts.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #1: \_\_\_\_\_

Emergency Contact Phone #2: \_\_\_\_\_

Please list any important health information that would help us to keep your child safe and happy during camp. (For example--food or environmental allergies, medications):

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Is your child covered under health insurance? Yes No

Does your child have any other needs that would require extra support to be successful at camp? Please explain \_\_\_\_\_

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Parents/Guardians:

I accept the risk associated with participation and agree to hold harmless the Town of Wallingford, its employees and volunteers, for any claim resulting out of injury. I agree to provide sufficient medical insurance as protection and acknowledge that the town of Wallingford does not provide such coverage. I authorize medical procedures to be performed in my absence when deemed necessary by a representative of the Town Recreation program or by a physician. My child will not attend if sick, has COVID-19 or was exposed to someone with COVID-19.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I have read and agreed to camp guidelines. Check here \_\_\_\_\_.

Wallingford Summer Recreation Program requires a \$20 per family Registration Fee before May 30 or a \$25 per family registration fee after May 30 plus \$20 per week/per child deposit.

(Camp costs \$60/week for residents and \$65/week for non-residents with discounts for siblings).

Cash Total \_\_\_\_\_ or Check Total and Check Number \_\_\_\_\_ for camp weeks:

June 27-July 1

July 5- 8

August 8- 12

August 16-20.

Thank You! 😊