

Pleasantville Recreation After School Program
Registration and Medical Form

Child Information

Name: _____

Date of Birth: _____ Sex: M / F Teacher: _____

Address: _____

Home Phone: _____

Secondary Phone: _____

Does your child attend YMCA? : Yes / No

Does your child have permission to walk home alone? Yes / No

Parent/Guardian Information

Mothers Name: _____ Work Phone: _____

Fathers Name: _____ Work Phone: _____

Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information

Special Conditions: _____

Allergies: _____

I give these following people permission to pick up my child

Please Print

Name: _____ Name: _____

Phone: _____ Phone: _____

Signature: _____ Date: _____