

MERRIMAC PARKS & RECREATION SUMMER PROGRAM
REGISTRATION FORM

Each Child must have their own registration form

CHILD'S NAME _____

BIRTH DATE _____ GRADE (now) _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ FATHER'S CELL _____

MOTHER'S CELL _____

EMERGENCY PHONE _____

EMERGENCY CONTACT _____

\$200.00 per child with a \$500.00 family cap

Date Paid _____ Cash _____ Check# _____

Make checks payable to **Merrimac Parks & Recreation**

Mailing Address: 90 East Main St. Merrimac, MA 01860

List all persons eligible to pick up child including, yourself:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Your child will not be able to leave the program with any person that is not listed on this form unless prior arrangements have been made with the Director.

Your child must be picked up on time each day or you will be charged a late fee.