

Town of Franklin Summer Youth Park Program Registration

Return to: Dorothy Brown, PO Box 209, Vermontville, NY 12989

Child's Name: _____ Age: _____

Date of Birth: _____ Grade Entering in September: _____

Parent's/Guardian's Name(s): _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Other Phone # where parent/guardian can be reached during program hours: _____

Residency: _____ Town of Franklin
_____ Town of Santa Clara
_____ Town of St. Armand
_____ Town of Brighten
_____ Town of Harrietstown
_____ Town of North Elba

Emergency Contact (if parent/guardian cannot be reached):

Name: _____ Phone #: _____

Person(s) having permission to deliver and/or pick up my child (other than noted above):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Allergies or special conditions child has that we should be aware of (such as seizures, bee stings, asthma or food allergies): _____

Use of Neosporin Ointment, as needed? YES _____ NO _____

My child has permission to carry and apply FDA approved, over-the-counter sunscreen _____ and/or insect repellent _____ during the Town of Franklin Summer Youth Program.

***The N.Y. State Health Department requires that we keep a copy of your child's immunization records on file. **Please be sure to include an updated copy of all vaccine records and your \$25 registration fee with this registration. If you need assistance with the registration fee, please check here and we will work with you!** _____

I understand that the hours of this program are 9:00am-2:00pm. I will let the Director know in advance, if special arrangements need to be made in regards to my child being dropped off or picked up. I also agree to indemnify and hold harmless the Town of Franklin from any and all claims or demands by myself, my family and any third party accruing or arising out of said Town property and equipment during the summer recreation program.

Signature: _____ Date: _____

Relationship to child: _____

Registration received: _____ Deposit (\$25): cash _____ check# _____ Vaccination records attached _____
Revised 2023