

REGISTRATION FORM WATER SPRAY PARK

RECREATION CENTER
466 MIDLAND AVENUE
GARFIELD, NJ 07026
(973) 546-1700

MOTHER'S NAME _____ WORK PHONE _____

PLACE OF BUSINESS & ADDRESS _____

FATHER'S NAME _____ WORK PHONE _____

PLACE OF BUSINESS & ADDRESS _____

HOME ADDRESS _____ PHONE _____

IN CASE OF HEALTH OR EMERGENCY PICK-UP, CONTACT.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

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PHYSICIAN OR CLINIC _____ PHONE _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR ILLNESSES? _____

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PARENT/GUARDIAN SIGNATURE

CHILDREN	AGE	DOB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

DATE _____ FEE PAID _____ CK/CASH _____