

FAIRFIELD RECREATION 2017-2018 BUSY HANDS PROGRAM
REGISTRATION FORM

CIRCLE ONE

Mon. / Wed.
(3&4 yr. olds)

Tues. / Thurs.11am only**
(3&4 yr. olds)

Reminder: *The number of classes depends on the number of children registered.** If we have 5-6 additional registered children, we will add an 11 am class. Placement will be determined on a first come/first served basis. Please contact me @ busyhands.fairfieldnj.org with any concerns.*

PLEASE PRINT CLEARLY

Fee: \$ _____

Child's Name: _____ Date of Birth: _____

Nickname: _____ Circle One: M/F

Full Address: _____ Preferred Phone #: _____

Parent Name: _____ Phone #: _____

Parent Name: _____ Phone #: _____

Parent E-Mail Address: _____

Emergency Contact Name: _____ Preferred Phone #: _____

Doctor's Name: _____ Phone#: _____

Any Allergies? : _____

I declare the applicant named above has been examined by a physician and has been deemed physically able to participate in the 'Busy Hands' program. I understand that by signing this waiver, I agree not to hold the Fairfield Recreation Staff responsible for any accidents or injuries suffered while participating in the 'Busy Hands' program. In case of emergency, I hereby give permission to the Fairfield Recreation Director or his/her Designee(s) to secure treatment for _____. I also give my consent for hospitalization, surgery, and treatment as is necessary for the welfare of my child.

Date

Parent or Guardian's Signature

***Along with this form, birth certificate (new enrollees), Health History Form, Questionnaire & payment must be received at time of registration in order for your child to attend.**

----- FOR OFFICE USE ONLY -----

____ Registration Form ____ Birth Certificate ____ Health History Form ____ Questionnaire

Fee Paid _____ Check # _____ Cash _____ Received by: _____ Date: _____