



Neptune

Township - NJ

Where Community, Business & Tourism Prosper

Neptune Township Summer Rec Registration Application 2017

Please Print (one form per child)

Child's Name _____ Age _____ Sex _____

Address _____

Parent/ Guardian's Name _____ Signature _____

Home Phone _____

E-mail address _____

Parent Phone **During Program Time** _____

Additional Emergency Contact # _____

Name / Relationship to child _____

Yes my child has a disability, as defined by the ADA, and may need reasonable accommodations / modifications in order to participate.

Is there anything else about your health you would like us to know in case of an emergency?
Is there anything else about your child that we need to know in order for them to participate in our program?

List here the names of any persons who may NOT pick up your child:

CHECK ONE: Child will be dropped off / picked up Child will walk

_____ Office Use Only _____

Proof of age Proof of address

Liability Release / Medical Form Copy of Rules

Payment Received by _____ Date _____

Amount _____ Cash / Check # _____ / Money Order # _____