



Neptune

Township - NJ

Where Community, Business & Tourism Prosper

Neptune Township Summer Rec 2018 Registration Application

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 _____ Phone _____

Child needs a modification because of a disability to enjoy this program. YES or NO
If yes, the Recreation Department will reach out to conduct an assessment.

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

List here the names of any persons who ARE RESTRICTED FROM picking up your child:

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 # _____