

Old Town  **Recreation Center** WHERE
RECREATION, EDUCATION AND COMMUNITY COME TOGETHER

342 Bennoch Road P.O. Box 273 Stillwater, ME 04489 (207/827-3961) www.oldtownrec.com

Child's Name: _____ DOB: _____

Street Address: _____

Mailing Address: _____

Parent/Guardian's Name: _____ Phone #: _____

Relationship to Child: _____

Street Address: _____

Mailing Address: _____

Email: _____ Cell #: _____

Please tell us the best way to contact you: _____

Place of Employment: _____ Phone #: _____

Street Address: _____

Mailing Address: _____

Hours at Work: _____

Parent/Guardian's Name: _____ Phone #: _____

Relationship to Child: _____

Street Address: _____

Mailing Address: _____

Email: _____ Cell #: _____

Please tell us the best way to contact you: _____

Place of Employment: _____ Phone #: _____

Street Address: _____

Mailing Address: _____

Hours at Work: _____

Please list any health concerns: _____

Please list any allergies/special diets: _____

Please list all medications (prescribed and over the counter): _____

Please list any special needs: _____

Does your child attend Public/Private School: Yes No

If No, we must ask you to submit a Certificate of Immunization within 30 days of the admission date and then updated annually thereafter.

Does your child have an Individualized Education Plan for this current school year: Yes No

If Yes, is the Plan for educational needs, behavioral needs, or both: _____

Photo/Video Release:

I hereby give permission for images of my child, captured during the Old Town Recreation Center's programs and events, through video, photo and digital camera, to be used solely for the purposes of the Old Town Recreation Center's promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent/Guardian Signature: _____ Date: _____

If you are unable to consent to this Photo/Video Release, please speak with the Executive Director.

Date of Admission: _____ Date of Termination: _____