

**Town of Middleton**  
**Summer Park Program Registration**  
Available to incoming 1<sup>st</sup> graders through 6<sup>th</sup> grade only  
Applications due by June 30th

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

<u>First Name</u>	<u>Last Name (if different)</u>	<u>Age / Grade in Fall</u>
1 <sup>st</sup> Child: _____	_____	_____ / _____
2 <sup>nd</sup> Child: _____	_____	_____ / _____
3 <sup>rd</sup> Child: _____	_____	_____ / _____
4 <sup>th</sup> Child: _____	_____	_____ / _____

<u>Name</u>	<u>Contact Information</u> <u>Cell #</u>	<u>Work #</u>
Mother: _____	_____	_____
Father: _____	_____	_____
Emergency Contact: _____	Emergency Phone: _____	

Medical conditions (special needs, allergies, medications, other) Anything that would help us care for your child. Be sure to indicate child's name, if multiple children are registered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name and Phone#: \_\_\_\_\_

Dentist's Name and Phone#: \_\_\_\_\_

I give my permission to the Middleton Recreation Director to make whatever emergency (i.e., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Park Program. In cases of emergency, I understand that my child will be transported to: \_\_\_\_\_ (hospital name), by the local emergency unit for treatment if the local emergency resource (Police, rescue squad) deems it necessary. It is understood that in some medical situations that the staff will need to contact the local emergency resource before the parent, child physician, and/or any other adult acting on the parent's behalf.

The Middleton Recreation has my permission to use my or my child's photograph publically to promote their programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_