

S.P.A.R.C.

SPRAGUE PARK & RECREATION COMMITTEE

SUMMER RECREATION PROGRAM

WHEN: MONDAY- THURSDAY

JULY 6 - JULY 30

9AM-2PM

WHERE: St Michael's Center

Child's Name _____ AGE _____

Address _____

Parent's Name(s) _____

Phone Number (Home): _____ (Cell): _____

Email Address _____

Name of Emergency Contact 1: _____

Phone _____ Cell _____

Name of Emergency Contact 2: _____

Phone _____ Cell _____

Medical Information:

Please list any allergies, medical conditions, concerns, and/or medication taken on a regular basis:

Child's Physician: _____ Phone: _____

Medical Insurance Co. _____ Policy Number _____

Camp Info:

My child will be (circle one):

Picked up by: (name) _____ **-OR-** **Will walk home**

****Children must be picked up promptly at 2pm.**

*****Any child that is disruptive to the program will be asked to leave.**