LYME SUMMER RECREATION
POND PROGRAM REGISTRATION

Personal Information

1. Your child(ren)'s name, birth date and grade he/she will be entering in the fall:

   Child's Name_____DOB_____Grade in fall_____

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   Child's Name_____DOB_____Grade in fall_____

2. Parent or Legal Guardian :_____

3. Phone numbers for home and work: (H)_____ (W)_____

4. Person or persons authorized to pick up your child(ren) and their Phone number:

   Name:_____ Phone Number: _____

   Name:_____ Phone Number: _____

5. Physician's Name: _____ Phone Number _____

6. Medical conditions, allergies or medicinal issues that the staff needs to be aware of:

   _____

   _____

I authorize the persons in charge to administer first aid or CPR in an emergency.

Parent Signature_____ Date_____

POND PROGRAM FEES: Entire summer recreation program cost $50 per child per week. Scholarships are available.

Please indicate the week(s) your child(ren) will be attending the Summer Pond Program:

____ all three weeks

____two weeks (please list the weeks) _____ _____

____one week only (please list week) _____

PLEASE MAKE CHECKS PAYABLE TO THE THE TOWN OF LYME AND MAIL TO:

TOREY CUTTING
PO BOX 194
LYME, NH 03768