IUST FOR FUN REGISTRATION FORM





GENERAL INFORMATION

Child's Name:					
Parent/Guardian First and Last Name: City:	hild's Name:	Birthdate://	Gender:	M 🗌	F
Address:	hild's Name:	Birthdate://	Gender:	M 🗌	F
Home Phone: (arent/Guardian First and Last Name:				
Child Care Provider:	ddress:	City:	_ State:	Zip:	
Address:	ome Phone: () Work Phone	e: () Email:			
Are there any specific limitations we need to be aware of (e.g. allergies, medications, disabilities, asthma, behaviors, etc.)* Please Note: This is a drop-in recreation program, so children are free to come and go. If your child wishes to go home or not participate in the program, please indicate if you would like him/her to notify you before leaving the program (you and your or need to establish this procedure). Children are allowed to use the phone to call home. Please have him/her call before coming home & make sure someone is home (if no one home, we will call emergency contact to see with the complex of th					
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Name:	articipate in the program, please indicate if you would be to establish this procedure). Children are allowed Please have him/her call before coming home & ma My child can leave without calling. My child may go home with the following authorized Other: MERGENCY CONTACT INFORMAT	d like him/her to notify you before leaving to use the phone to call home. like sure someone is home (if no one home, with a dult guardian:	g the program (you	u and your	chil
Ages 6-10 yrs (must have completed kindergarten) PROGRAM FEE: \$100.00 REGISTRATION DEADLINE: MAY 11, 2022 LATE FEE AFTER DEADLINE: \$20 BEN FRANKLIN (429160-02) COX (429160-03) KELLY (429160-05) LINCOLN DR. (429160-06) LIONS (429160-07) OPTIMIST (429160-08) UNIVERSITY (429160-10) Credit Card Cash Check CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten COV: COVI: CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten CREDIT CARD INFORMATION Mastercard Visa Amex Discover of the completed kindergarten CVV: CVV: CVV: CVV: CVV: CVV: CVV: CVV: COX (429160-03) MAKE ALL CHECKS PAYABLE TO: Grand Forks Park District Summer Registration PO Box 12429 Grand Forks, ND 58208-2429 YES, I WOULD LIKE TO DONATE \$5 TO HELP A LOCAL CHILD STAY ACTIVE THIS SUMMER. PLEASE ADD \$5 TO YOUR TOTAL.	e Grand Forks Park District does not carry medical or accident in	nsurance for program participants. The Park Distri	ct's staff and managen		
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