FAIRFIELD RECREATION 2016-2017 BUSY HANDS PROGRAM REGISTRATION FORM

***CIRCLE ONE*:** **3 Yr. Old Program** or **4 Yr. Old Program**
(Mon. / Wed.) **(Tues. / Thurs.)**

Reminder*:** ***The number of classes depends on the number of children registered. Placement will be determined on a first come/first served basis. Please contact me @ cgrasso@fairfieldnj.org with any concerns.

PLEASE PRINT CLEARLY **Fee: $_____**

Child's Name: _____ Date of Birth: _____

Nickname: _____ Circle One: M/F

Full Address: _____ Preferred Phone #: _____

Parent Name: _____ Phone #: _____

Parent Name: _____ Phone #: _____

Parent E-Mail Address: _____

Emergency Contact Name: _____Preferred Phone #: _____

Doctor's Name: _____ Phone#: _____

Any Allergies? : _____

I declare the applicant named above has been examined by a physician and has been deemed physically able to participate in the 'Busy Hands' program. I understand that by signing this waiver, I agree not to hold the Fairfield Recreation Staff responsible for any accidents or injuries suffered while participating in the 'Busy Hands' program. In case of emergency, I hereby give permission to the Fairfield Recreation Director or his/her Designee(s) to secure treatment for _____. I also give my consent for hospitalization, surgery, and treatment as is necessary for the welfare of my child.

_____ _____
Date Parent or Guardian's Signature

***Along with this form, birth certificate (new enrollees), Health History Form, Questionnaire & payment must be received at time of registration in order for your child to attend.**

--------- *FOR OFFICE USE ONLY*--------

____ Registration Form _____Birth Certificate _____ Health History Form _____Questionnaire

Fee Paid_____ Check # _____ Cash _____ Received by: _____ Date: _____