

Pembroke Youth Recreation Program Registration Card

Sponsored by the PEP Grant Awarded to the
Pembroke Central School District

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| Today's Date: | Camper's Full Name | Grade in Fall 2019 (Entering Grade) |
| Phone Number: | Address: | Parent/Guardian Name(s): |
| Emergency Contact #1 | Emergency Contact #2 | Physician Name and Number |
| Allergies, Medication or other important information <u>PLEASE INCLUDE FOOD ALLERGIES</u> | | |
| Bus Transportation Information- DUE BY 5/14/19 Transportation requests submitted after deadline will only be allowed if it already fits on established bus route | | |
| Pick-Up Address | Drop-Off Address | |

Parental Consent Form

Today's Date _____

Name _____ has my permission to participate in the Pembroke Summer Recreation Program running July 1– August 1, 2019 Monday-Thursday from 9am-12pm (excluding July 4th). These are the dates that the camper will not be attending: _____

Parent or Guardian Signature

Please return completed form to your child's school or Attn: Mai Nguyen 8750 Alleghany Rd Corfu NY 14036