



HARTLAND RECREATION PROGRAM 2024

(July 8th, 2024- August 16th, 2024)

TODAYS DATE: _____

CHILD'S NAME: _____

ADDRESS: _____

CHILDREN'S AGES _____

PARENTS/GUARDIANS NAME: _____

PHONE NUMBER: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

2ND CONTACT: _____

PHONE NUMBER: _____

AUTHORIZED TO PICK UP MY CHILDREN _____

NUMBER: _____

ALLERGIES: _____

I HAVE READ ALL OF THE ATTACHED INFORMATION AND RULES REGARDING RECREATION. MY CHILD/CHILDREN AND I WILL ABIDE BY THE RULES. IF WE DO NOT, WE MAYBE ASK NO TO RETURN.

X _____

Recreation Program Guidelines – Please register by 7/1/2024

* Ages 4 - 12

*No cellphones allowed

*No electronics allowed

*Recreation is 9am-12pm

* No drop offs before 8:45.

*Pick up Promptly at NOON

*Children must be signed in and out by parents, alternates must be preapproved and show ID at the time of pick-up.

*Inappropriate behavior such as swearing, bullying and hitting will result in dismissal.

*Please use sunscreen before drop off. More can be applied if needed. Please initial here if you request no to sunscreen. _____

*Bug spray will be used as needed.

Please Initial here if you request no bug spray. _____

*NO medication will be distributed during the program.

* Sick children should remain home.

*We do offer snacks. Please list food Allergies. _____

Thank you,

Sign and return this form: _____