



# Cranston Parks & Recreation ARTS & CRAFTS

\*FOR OFFICE USE ONLY\*

School & Age \_\_\_\_\_

Check # \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Proof of Residency \_\_\_\_\_

Health Insurance \_\_\_\_\_

Please print clearly!

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Does your child take any medications, or have any allergies/medical conditions that we should be aware of? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF INJURY, MEDICAL PROFESSIONALS WILL TRANSPORT PARTICIPANT FOR EMERGENCY TREATMENT AS SOON AS POSSIBLE. PLEASE INFORM EMERGENCY CONTACT PERSONS OF THIS INFORMATION IN CASE OF EMERGENCY. WE WILL TREAT ALL EMERGENCIES IMMEDIATELY AND NOTIFY PARENT OR GUARDIAN AS SOON AS POSSIBLE.

**\*\*Please list emergency contacts in order of priority, keeping in mind the hours of 9:00 AM to 4:00 PM. \*\***

**\*\*Please do NOT list blocked phone numbers, as the City of Cranston is not able to bypass these numbers. \*\***

	Contact Person	Relation	Phone Number
1			
2			
3			
4			
5			

I, \_\_\_\_\_, RELEASE THE CITY OF CRANSTON, THE PARKS AND RECREATION DEPARTMENT, AND ITS STAFF FROM ANY AND ALL CLAIMS DUE TO INJURY REGISTERED. FURTHER, I UNDERSTAND A COPY OF THE PROGRAM'S RULES AND POLICIES WILL BE FORWARDED TO ME, AND I AGREE TO ABIDE BY THEM AS A CONDITION OF THIS REGISTRATION.

**\*\*SEE OTHER SIDE\*\***

Please specify which weeks your child will be attending. The child can only attend camp on the weeks marked. The weeks selected do not have to be consecutive.

\_\_\_\_\_ 2-week session

Please select any two weeks:      Wk 1    Wk 2    Wk 3    Wk 4    Wk 5    Wk 6

\_\_\_\_\_ 4-week session

Please select any four weeks:      Wk 1    Wk 2    Wk 3    Wk 4    Wk 5    Wk 6

\_\_\_\_\_ 6-week session

*Please fill in the following information regarding healthcare coverage for your child. This information will only be used in the event emergency personnel are needed.*

Health Insurance Provider: \_\_\_\_\_

Health Insurance Subscriber: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT IS DUE IN FULL AT TIME OF REGISTRATION**

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Check Number	Amount	Cross-Reference



# AUTHORIZED PICK-UP

## PLEASE FILL OUT FOR ALL PROGRAMS

The Cranston Parks and Recreation Department, in developing additional levels of safety, is asking all parents to provide a list of adults (other than parents/guardians) who can pick up your child at the end of the day.

Each adult on the list will be asked to verify his/her identity by showing a valid driver's license to Supervisor or Head Instructor at the site. A child WILL NOT be released to any adult not on this list until confirmation has been made by the Parks and Recreation Department from a parent/guardian.

The following people ARE allowed to pick up my child(ren)

at the end of the day:

	FULL NAME	RELATION TO PARTICIPANT
1.		
2.		
3.		
4.		
5.		