

Office of Parks & Recreation Department
VILLAGE OF WAPPINGERS FALLS

2628 South Ave.
Wappingers Falls, NY 12590
(845) 297-8773 x 7

YOUTH SUMMER ART PROGRAM REGISTRATION (8-18)

CHILD'S NAME _____ BIRTH DATE _____
ADDRESS _____

PARENT'S NAME _____
HOME PHONE _____ CELL _____ WORK _____
EMERGENCY CONTACT _____ RELATIONSHIP _____
HOME PHONE _____ CELL _____
ALT. CONTACT _____ RELATIONSHIP _____
HOME PHONE _____ CELL _____

MEDICAL HISTORY: PHYSICIAN _____ # _____
ALLERGIES _____ MEDICATIONS _____
IMMUNIZATIONS UP TO DATE _____ OTHER _____

DOES YOUR CHILD HAVE PERMISSION TO LEAVE WITH SOMEONE
OTHER THAN PARENT? _____ WHO _____
DOES YOUR CHILD HAVE PERMISSION TO LEAVE FOR LUNCH? _____
DOES YOUR CHILD HAVE PERMISSION TO WALK OR BIKE HOME? _____

OTHER INFORMATION

INTERESTS: (CHECK AS MANY AS APPLY)

PHOTOGRAPHY _____

MOSAIC _____

PIANO _____

SCULPTING (CREATING MOLDS WITH CLAY) _____

MURAL PAINTING _____

COLOR AND SHAPE PAINTING _____