

Old Orchard Beach Recreation Gull Care Registration Form 24-25

Student's Name: _____ Grade: _____ Teacher's Name: _____

Address: _____

Home Phone: _____ D.O.B: _____

Mother's/Guardian Name: _____ Email: _____

Address: _____ Place of Employment: _____

Home Phone: _____ Office: _____ Cell: _____

Father's/Guardian Name: _____ Email: _____

Address: _____ Place of Employment: _____

Home Phone: _____ Office: _____ Cell: _____

Medical Information:

Please include/attach your child's immunization records with this registration form.

Medical concerns or medications we should be aware of: _____

Physician: _____ Address: _____

Phone Number: _____

Please check this box to give permission for the OOB Recreation Department to communicate with the Old Orchard Beach School Department about your child's education & behavior plans to best accommodate him/her.

Emergency/Pick-up Contacts:

1. Name: _____ Address: _____

Best # to contact: _____ Relationship: _____

2. Name: _____ Address: _____

Best # to contact: _____ Relationship: _____

3. Name: _____ Address: _____

Best # to contact: _____ Relationship: _____

4. Name: _____ Address: _____

Best # to contact: _____ Relationship: _____

I have read the Parent Handbook thoroughly and understand all program policies. I give the Old Orchard Beach Recreation Department Staff authorization to make immediate medical care decisions for my child. I have completed this form, answering all questions honestly and to the best of my ability.

Date: _____

Parent/Guardian Signature