

# Summer Program Registration



## Town Old Perlican

Student name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Mcp# \_\_\_\_\_

Home/Address \_\_\_\_\_

Home phone \_\_\_\_\_

Allergies? \_\_\_\_\_

### Parents Information

Parent 1

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

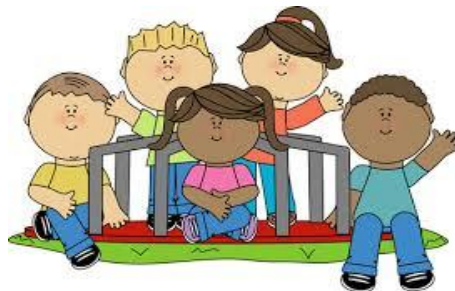
Parent 2

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_



Old Perlican Recreation Center and Old Perlican Field

Questions: Contact Kelly Rodgers

Town Office: 587-2266

Recreation Center: 587-3500

Home: 587-3050