

PROGRAM REGISTRATIONS

HEAD(S) OF HOUSEHOLD / GUARDIANS

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Emergency Contact: _____ Emerg. Phone: _____

FAMILY MEMBERS

(Complete one section per family member. Age, D.O.B., and Grade not necessary for adult classes)

Name: _____ Date of Birth: _____
M ____ F ____ Age: ____ Grade Entering: _____ Medical Info: _____

| Activity Name: | Dates: | Time: | Fee: |
|----------------|--------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Name: _____ Date of Birth: _____
M ____ F ____ Age: ____ Grade Entering: _____ Medical Info: _____

| Activity Name: | Dates: | Time: | Fee: |
|----------------|--------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Name: _____ Date of Birth: _____
M ____ F ____ Age: ____ Grade Entering: _____ Medical Info: _____

| Activity Name: | Dates: | Time: | Fee: |
|----------------|--------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please make checks payable to: Town of Wakefield Please keep a copy of your registration ~no confirmations sent.

