Holden Recreation Half Day Program

Child Name: _____

Grade: _____ Age: _____

Address: _____

Medical Conditions or Allergies:_____

_____

Parent/Guardian Name: _____

Email:_____

Parent/Guardian Primary Phone:_____

Parent/Guardian Alternate Phone:_____

Additional Emergency Contacts:

Name: _____Phone:_____

Name: _____Phone:_____

Name: _____Phone:_____

Initial the following statements:

__ I understand that drop off is no earlier than 8:55am for AM Half Day and no earlier than 12:30pm for PM Half Day.
__ I understand that pick up time is no later than 12:30pm for AM Half Day and 3:30pm for PM Half Day and agree to the charge of $1.00 per minute/per child if I am late.
__ I have filled out this form with the most up to date information.
__ My holdenrec.com account has been updated with current information.
__ I give permission for my child to be photographed. I understand these photos may be used on the Holden Recreation website or Facebook page.

Signature:_____ Date: _____

If your child needs support or you have concerns in the areas of communication, safety awareness or sensory support, please contact the Recreation Office at holdenrec@holdenma.gov or 508-829-0263 to discuss how to best support.