

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 statement

__ I understand that pick up time is no later than 12:30pm for AM Half Day and 5:00pm for PM Half Day and agree to the charge of \$1.00 per minute if I am late.

__ I understand that drop off is no earlier the 8:55am for AM Half Day and 1:55pm for PM Half Day.

__ 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.