

Town of DeWitt Recreation
5400 Butternut Drive, East Syracuse, NY 13057
(315) 446-9250 x 9

www.townofdewitt.com

www.facebook.com/DeWittParksandRecreation

CAMP EXTENDED HOURS (CEH) REGISTRATION FORM

For Office Use Only:

DAY CAMP LOCATION: _____ GROUP/HOMEROOM: _____
CEH LOCATION _____ AM CEH _____ PM CEH _____

Child's Name _____

Home Address _____
Street _____ City _____ Zip _____

Allergies/Medications _____

Parent/Guardian _____ Cell _____

Work _____ Home _____

Parent/Guardian _____ Cell _____

Work _____ Home _____

Custody Arrangements _____

Emergency Contacts/Alternate Pick-Up (**NOT** Parent/Guardian)

The person(s) listed below have my authorization to pick my child up from the Town of DeWitt CEH program. * **Alternate persons must show I.D. when picking up your child.** *

Name _____ Relationship to Child _____

Cell _____ Work _____ Home _____

Name _____ Relationship to Child _____

Cell _____ Work _____ Home _____

Name _____ Relationship to Child _____

Cell _____ Work _____ Home _____

Signature of Parent/Legal Guardian

Date