

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

[www.townofdewitt.com](http://www.townofdewitt.com)      [www.facebook.com/DeWittParksandRecreation](http://www.facebook.com/DeWittParksandRecreation)

## SUMMER PRE-K REGISTRATION FORM

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

E-Mail \_\_\_\_\_

Allergies or Physical Difficulties \_\_\_\_\_

Notes for Staff \_\_\_\_\_

### Alternate Pick-Up/Emergency Contacts

List individuals other than parent/guardian who have permission to pick your child up from Pre-K.

**NOTE:** Staff will not permit others to pick your child up from Pre-K without written permission from you.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

In consideration of your acceptance of this registration, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Recreation Department, the Town of DeWitt Parks & Recreation Commission, and any and all sponsors, representatives, successors, and assigns, for any and all injuries suffered by me/my child in said program. No medical insurance is carried by the Town for program participants. Registrants are encouraged to have their own medical coverage.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date