

TOWN OF SHELDON
SUMMER SWIM PROGRAM

FAMILY INFORMATION:

Parent/Guardian's Name _____
Address _____
Phone number (_____) _____
Emergency Number & Relationship _____
Email address _____

CHILD INFORMATION:

1. Name _____ Age _____ Birthday _____
Class Level _____
Medical Problems (asthma, allergies, etc.) _____

List medications child in on _____
Other information/special conditions _____

2. Name _____ Age _____ Birthday _____
Class Level _____
Medical Problems (asthma, allergies, etc.) _____

List medications child in on _____
Other information/special conditions _____

3. Name _____ Age _____ Birthday _____
Class Level _____
Medical Problems (asthma, allergies, etc.) _____

List medications child in on _____
Other information/special conditions _____

****Any additional children's information can be placed on the back of this form****

Parent Signature _____ **Date** _____