

TOWN OF SHELDON

SUMMER SWIM PROGRAM 2025

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** _____