**LEWISBORO LEARNING LOT REGISTRATION FORM**

# Student's Name Sex D.0.B. Home Phone# \_

Mailing Address, City Zip \_

Mother's Name Work Phone Cell Phone \_

E-mail address

Father's Name Work Phone Cell Phone \_

# Emergency Name (other than Parent) phone# \_ Doctor's Name Phone# \_

Grade in Fall \_ School Area: □ MP □ IM □ KT

Elementary School Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cohort: □ A □ B

**Is your child taking any prescribed medication?** □ YES □ NO

**Medication** Will your child need to take this medication during the school day? □ YES □ NO

Is your child allergic to insect/bee bites: □ YES □ NO

Any Food Allergies Drug Allergies

Other allergies/special needs/any other information that can help make your child's camp experience a positive one:

**MEDICAL RELEASE:** I hereby certify that my child is in normal physical and mental health. I give my child listed above, permission to take part in all learning lot activities unless otherwise indicated. I also understand that the Town of Lewisboro does not maintain medical insurance for program participants. Persons participating do so at their own risk**.** If I cannot be reached in the event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray, and needed care.

# Parent/Guardian Signature Date \_

Hospitalization/Insurance Company Policy#

**Grades 1-5:**

□Wednesdays:                     April 7th & April  14th                                             $70      Activity # 214001-D1

**3rd Graders:**

□Cohort B:                             April 5th & 6th                                                       $70       Activity # 214001-B1

**4th & 5th Graders:**

□Cohort A:                             April 8th & 9th                                                       $70       Activity # 214001-A1

□Cohort B:                             April 5th & 6th and April 12th & 13th                  $140     Activity # 214001-B1

Form of payment: □cc □check □cash