

# MAGNOLIA

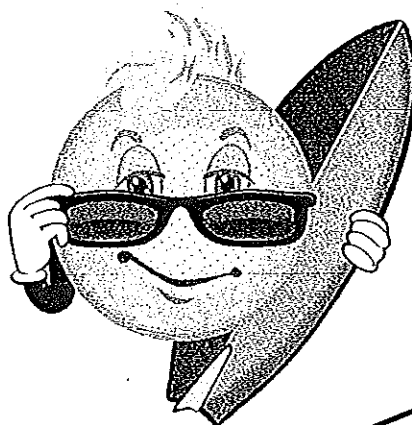
## 2013 SUMMER REC PROGRAM

Program runs

July 1

To

August 2



**PROGRAM FEE**

**\$120.00 per child**

\$60 for each additional child  
family member enrolled

**\$60 MINIMUM  
DEPOSIT TO  
REGISTER**

**REGISTER NOW!**

Place registration form and check, payable to Magnolia Borough, in envelope and return to Magnolia School Office, Attn: Sandy Brosious

Or Register in person at **MAGNOLIA BOROUGH HALL**

Monday–Friday, During Normal Business Hours

**Enrollment period ends 6/1/13**

**Enrollment Ages: 5-12**

Entering 1st through 6th grade in Fall of 2013

**Program Date: July 1–August 2**

**Location: Magnolia Rec Center; Mon-Fri 9am–12pm**

**Time: Mon–Fri 9:00 am to 12:00 noon**

**Questions?**

Sandy Brosious at 856-435-7330 \* Email: [jbrosious@comcast.net](mailto:jbrosious@comcast.net)



# Magnolia Summer Recreation Program 2013

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In Case of Emergency Contact:*

Name	Phone	Cell Phone	Relationship to Child
------	-------	------------	-----------------------

Name	Phone	Cell Phone	Relationship to Child
------	-------	------------	-----------------------

Please list **ANY** Allergies/Medical Problems, including those requiring Maintenance Medication (i.e., diabetic, asthma, seizure disorder):

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

*The purpose of the above listed information is to ensure that Medical Personnel have details of any medical problems which may interfere with, or alter, treatment*

Name of Child's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship to Child \_\_\_\_\_

*Parent or Guardian Authorization:*

In case of Emergency, if Family Physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or E.R. Physician)

Authorized Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_