

Brunswick Parks and Recreation Department
HOUSEHOLD INFORMATION FORM

Please Print Clearly

Primary Guardian

First Name _____ Last Name _____
 Home Address _____ DOB _____ Male Female
 Mailing Address _____
 Town _____ ST _____ Zip _____
 Phone: Home _____ Work Phone _____ Ext. _____
 Cell Phone _____ Pager _____ Email _____

Secondary Guardian (spouse)

First Name _____ Last Name _____
 Home Address _____ DOB _____ Male Female
 Mailing Address _____
 Town _____ ST _____ Zip _____
 Phone: Home _____ Work Phone _____ Ext. _____
 Cell Phone _____ Pager _____ Email _____

Emergency Contact Information (Choose a relative/friend/neighbor in the event that you cannot be reached.)

Name _____ Relationship _____
 Address _____ Town _____
 Phone: Home _____ Work _____ Cell _____ Pager _____

Children and Program Participant Information

First & Last Name	DOB		Primary Care Physician/Phone	Medical (Conditions or Allergies)
	Grade 2006-07	M / F		
First & Last Name	DOB		Primary Care Physician/Phone	Medical (Conditions or Allergies)
	Grade 2006-07	M / F		
First & Last Name	DOB		Primary Care Physician/Phone	Medical (Conditions or Allergies)
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First & Last Name	DOB		Primary Care Physician/Phone	Medical (Conditions or Allergies)
	Grade 2006-07	M / F		

** Please sign and date the reverse side of this form.*