

**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 2008-09 | M / F |                              |                                   |
| First & Last Name | DOB           |       | Primary Care Physician/Phone | Medical (Conditions or Allergies) |
|                   | Grade 2008-09 | M / F |                              |                                   |
| First & Last Name | DOB           |       | Primary Care Physician/Phone | Medical (Conditions or Allergies) |
|                   | Grade 2008-09 | M / F |                              |                                   |
| First & Last Name | DOB           |       | Primary Care Physician/Phone | Medical (Conditions or Allergies) |
|                   | Grade 2008-09 | M / F |                              |                                   |

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