

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 2011-12	M / F		
First & Last Name	DOB		Primary Care Physician/Phone	Medical (Conditions or Allergies)
	Grade 2011-12	M / F		
First & Last Name	DOB		Primary Care Physician/Phone	Medical (Conditions or Allergies)
	Grade 2011-12	M / F		
First & Last Name	DOB		Primary Care Physician/Phone	Medical (Conditions or Allergies)
	Grade 2011-12	M / F		

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