



**Department of Public Works
Bureau of Recreation & Leisure Services
Waterbury Connecticut**

Summer Application

Participant: First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ School: _____ Grade: _____ Phone: () _____ -- _____

Current Address: _____ City: _____ State: _____ Zip: _____

Nickname: _____ email: _____

Type of Event: _____

Parental/Guardian Information

First Name: _____ M.I. _____ Last name: _____

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____

Work Number: () -- Cell Phone: () --

First Name: _____ M.I. _____ Last name: _____

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____

Work Number: () -- Cell Phone: () --

Emergency Contact

Emergency contact number 1:

Work # () -- Home # () -- Cell # () --

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact number 2:

Work # () -- Home # () -- Cell # () --

Address: _____ City: _____ State: _____ Zip: _____

Information

Has your child attended Waterbury park dept. programs in the past: Yes or No Where: _____

Can your child walk home: Yes or No other siblings attending: Yes or No

Medical Information

Medical Problems: _____ Medications taken daily: _____

Medical or Food allergies: _____ How long _____ Asthma: _____

Allergic to bees: _____ Bus sick: _____ Hospital: _____ Permission to treat Yes or No

Deposit \$ _____ Balance \$ _____

I authorize the verification of the information provided on this form to be accurate.

Signature of applicant: _____ Date: _____

Signature of supervisor: _____ Date: _____