



Summer Camp Registration



Registration Dates: May 18th, 6:30-9:00PM, May 25th, 6:30-9:00PM

Registration will be in the Totowa Public Library, downstairs in the Eisenhower Community Room
located at 537 Totowa Rd., Totowa, NJ 07512

ACTIVITY ~ Summer Day Camp YEAR _____

☺Name of Child ☺:

Last _____ *First* _____

Date of Birth _____ Grade as of Sept. _____

Address _____ Home Phone _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

*Cell-phone Number _____

Emergency Contact Name (1) _____ Phone _____

Name (2) _____ Phone _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Allergies ~
Medicine _____ *Insect Bites* _____ *Other* _____

Does your child take any type of daily medication? (Specify)

Does your child have any of the following health problems?

Asthma _____ Diabetes _____ Seizures _____

Are other children in your family attending camp?

Name _____ Grade in Sept. _____

Name _____ Grade in Sept. _____

Children's Shirt size(s) Child: Sm Med Lg Adult: Sm Med Lg

***In the event of an emergency, I hereby give my permission to
Camp Coordinators, Counselors, or persons in charge to act in my
behalf for medical assistance for.

Child's Name _____ Parent/Guardian Signature _____ 

To be completed by camp representative
(Make Checks payable to Totowa Board of Rec.)

Amount paid _____ check/cash