

BOSTON RECREATION DEPARTMENT
Latchkey Program Registration Form
Before and After Summer Recreation Day Camp

Please print clearly

Last name	first	Age (on July 1 st)	date of birth	M F
legal home mailing address			town	zip
father/guardian	last name	first	daytime phone	cell
mother/guardian	last name	first	daytime phone	cell

Persons to be notified in the event of an emergency if parent/guardian cannot be reached:

name	telephone	relationship
name	telephone	relationship

Circle Time Desired & Cost:

7-8 am \$50/all days 3-4 pm \$50/all days 3-5 pm \$100/all days

Return Form and Money Order or Check to: **Bonnie Clesse, Recreation Director**
By June 11, 2010 deadline **Boston Town Hall**
8500 Boston State Road
Boston, New York 1402