

Household Information & Registration Form

PLEASE READ CAREFULLY!

- Complete the household information form below. All of the information on the form is required for each family member.
 **Complete Section I to help us build your household database.
 **Complete Section II to enroll household members in activities.
- Send household form & payment to the address on the right or place in the drop box located near the front door of the Park office building.
- Your receipt/confirmation will be emailed to you. In the event that you do not have an email address, or one is not supplied on the household information form, a self-addressed stamped envelope is required.

- Activity dates and other pertinent information will be included on your receipt/confirmation.
- If you are enrolled in your 2nd choice, you will not be put on the wait list for your 1st choice.
- For activity cancellation, refund and waitlist policy, see page 3.

**2012 Winter/Spring
 Registration
 Elm Avenue Park
 261 Elm Avenue
 Delmar, NY 12054**



Remember! The Lottery Spin deadline is December 16th at 9am!

SECTION I

HOUSEHOLD INFORMATION

(Please Print Clearly)

Primary Adult/Parent/Guardian

Name: _____ male female

Address: _____ Zip: _____

Phone: (Home) _____ (Work) _____ Ext _____

(Cell) _____ Date of Birth: ____/____/____
(Required for online registration)

Email: _____
(Required for registration confirmation/receipt)

(Please Print Clearly)

Secondary Adult/Parent/Guardian

Name: _____ male female

Address: _____ Zip: _____

Phone: (Home) _____ (Work) _____ Ext _____

(Cell) _____ Date of Birth: ____/____/____
(Required for online registration)

Email: _____
(Required for registration confirmation/receipt)

I would like to receive the FREE monthly Town e-newsletter

SECTION II

REGISTRATION FORM

Participant Name	Grade (Current)	School (Ex: Elsmere)	Date of Birth	Male/Female	Activity #	Activity Name	Fee	2nd Choice Activity #

Online registration is faster & easier!!
 (See Page 3)

Indicate any medical conditions or other special needs for your child(ren):

Total Amount: \$ _____

INDICATE METHOD OF PAYMENT: CASH CHECK MC VISA DISCOVER

(Check payable to: **Town of Bethlehem**, \$20 fee for returned checks)

Credit Card #: _____ Expiration Date: _____ CVV # _____ (3 DIGIT # ON BACK OF CARD)

Signature of card holder: _____