



Town of West New York Arts and Crafts Club

DIVISION OF RECREATION
428 60th Street
West New York, NJ 07093

Personal Information

Date: _____

A separate form MUST be completed for each child

Child's Name:

Last	First	Middle
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Address:

Street	(Apt.)	City, State	Zip
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Home phone: _____ Emergency Contact: _____

Date of Birth: _____ School attending: _____ Grade: _____ Age: _____ Shirt size _____

Does your child have any Health conditions? Yes _____ No _____

If yes, please describe:

Parent/Guardian Information:

Mother/Guardian: Last Name: _____ First Name: _____

Address: _____

Phone Number: Home: _____ Work/Cell: _____

Email: _____

Father/Guardian: Last Name: _____ First Name: _____

Address: _____

Phone Number: Home: _____ Work/Cell: _____

Email: _____

In case of an Emergency, please provide information for someone to pick up your child:

Name: _____ Relationship: _____

Telephone number _____

Parental Signature _____

