### **CYO Bromley Neighborhood Community Center**



## Summer Food Service Program Application

# STATE OF THE PARTY OF THE PARTY

#### 2015

Parent's Name:		
Address		
City	State	Zip Code
Home Phone	Cell P	hone
Child's Name		
		Gender
School		
Child's Name		
		Gender
School		
Date of Birth	Age	Gender
School		
	<b>Emergency Contact I</b>	nformation
The following person(s) ar reached.	e authorized to be contact	ed in case of an emergency if I cannot be
Name	Phone #	Relationship to Child
Name	Phone #	Relationship to Child

Please Complete Both Sides of this Form

### **Food Allergies**

Please list any food allergies, health issues, o	r special circumstances that we should be aware
of:	
Acknowledgement o	f Risk/Wavier and Release
Program. I recognize that there are certain reassume full responsibility for any expenses in CYO Summer Food Service Program. I agree discharge; and C) indemnify and hold harmle Neighborhood Community Center, and Hami	Iton Township and their officers, agents, and ries, damage or loss which may accrue to me on
Signature of Parent or Guardian	Date
Photo/\	/ideo Release
	ey permission to use any photographs or video of nate reason, including newspapers, brochures,
Signature of Parent or Guardian	Date