

Please have a copy of your child's Immunization Record sent or faxed to the Recreation Office
NO LATER THAN APRIL 17, 2009.
Please make sure your child's
Day Camp Name & Location
are written on copy of Immunization Record.

Fax # 732-390-6818

Insurance Information Required

Name of insured: _____ Date of Birth: _____.

Address: _____ City _____.

State: _____ Zip _____ Home Phone: _____.

Cell Phone: _____ Work Phone: _____.

Insurance Company is: _____.

Policy Number: _____ ID Number: _____.

Group Number: _____ Plan: _____.

Parent/Guardian Signature: _____ Date: _____.