## 2024-2025 REC LEAGUE REGISTRATION FORM (Flaherty)

Mail or Drop Off: Meade Activity Center, 493 Lawrence St. Brandenburg, KY 40108 Location: Flaherty Elementary School & Flaherty Primary School

Financial assistance is available for those who demonstrate a need. A financial assistance form and proof of income, including a copy of your previous year tax return is required.

Registration Information: Program will fill quickly, so please register early. Registration is on a first come-first serve basis.

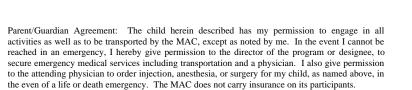
All registration forms must be accompanied by a \$20 non-refundable registration fee.

**CHILD INFORMATION (Please Complete Entire Form)** 

Child's Last Name	MI	First	Race/Ethnicity		Male	□ <b>F</b>	emale □		
Date of Birth (Month/Day Year)	Age	Home Phone		Family E-mail	<u> </u>				
Home Address			(	City/State/Zip					
Parent/Guardian (authorized to pick up child)		Date of Birth	Place of Employment:		Work Phon	e	Cell/Pager		
Parent/Guardian (authorized to pick up child)		Date of Birth	Place of Employment:		Work Phon	e	Cell/Pager		
PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD:									
Name		Relationship to Child		Home/Work/Cell Phone					
Name		Relationship to Child			Home/Work/Cell Phone				
PERSONS UNAUTHORIZED AUTHORIZED TO PICK UP CHILD:									
Name									
Name of Child Physician		Physician's Address			Physician's Phone Number				
Please list any allergies or medical conditions your child has:									
Please list any medications your child is currently taking and for what condition:									

Prices: \$56.00/Per Child – Per Week (\$48.00 MAC Members)

Financial Assistance: In an effort to provide programming and membership opportunities to the entire community, the Meade Activity Center has developed the Fun and Fitness for Everyone Financial Assistance Program. Financial assistance is based on household income and is available to those who meet the financial qualifications. For additional information please contact the Meade Activity Center office.



The undersigned understands that the Meade Activity Center does not allow members of staff to perform additional child care services or any other services directly for program participants that are outside the normal scope of the MAC's programs. Should an employee perform such services without the knowledge of the MAC, said employee will not be acting as an employee or agent of the Meade Activity Center and disclaims any and all liability in connection therewith.

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I give the MAC permission to us Yes	se my child's pho	to in promotion	nal literature
Signature of Parent or Guardian			
Date			



Payments: Registration Fee:	\$20			
Each Week Attended:	\$56/\$48			
I GIVE AUTHORIZATION TO USE MY PAYMENT METHOD ON FILE TO PAY THE REGISTRATION FEE:				