

# TYKE SITE DROP OFF / PICK UP FORM

This welcome packet was established to help everyone better understand the policies set forth for the Tyke Site program. We want all program participants to be safe and enjoy their summer! Please sign and return both sides of the following sheet to your Tyke Site leaders.

Child's Name (s) \_\_\_\_\_

Tyke Site Program (please circle):

Traditional Tyke Site (M-Th)

Tyke Site PLUS (M-F)

Parent(s) / Guardian(s) Name(s): \_\_\_\_\_

New this summer we will be assigning children to small groups which they will stay with the whole week. These groups will be made based on age and grade. If you would like to make a request please do so below. Example: "Would like to group with Timmy" or "Please keep my children together". *(We will do our best to honor these requests but note that they are not guaranteed.)*

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If your child is dropped off/picked up by an adult other than yourself, please indicate the person(s) name(s) below:

Name	Relationship to Child	Phone #

I, \_\_\_\_\_, have read and understand the Policies for the Tyke Site Program.

Parent Signature: \_\_\_\_\_

\* Tyke Site participants **must** be accompanied by a parent/guardian.

Sincerely,



Katie Rodger  
Recreation Supervisor



Gail Sacharski  
Tyke Site Supervisor

\*\*\*If you have any questions, please feel free to call us at 250-4710\*\*\*

**Germantown Recreation Department**  
**Tyke Site Program**  
**Contact Information Update**

NOTE: THIS FORM ONLY NEEDS TO BE FILLED OUT IF YOU ARE NEW TO OUR PROGRAMS OR HAVE A CHANGE IN INFORMATION!!! THANK YOU!

In an effort to make sure that all contact information listed in our database is correct, we are asking that you fill out the information listed below and return it, along with the fieldtrip permission slip on the other side, to Tyke Site as soon as possible. Thank you!

Child's Name: \_\_\_\_\_ Tyke Site Program: \_\_\_\_\_

Special considerations (medications, disabilities, etc.): \_\_\_\_\_

**Primary Guardian #1**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

**Primary Guardian #2**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

**Emergency Contact (other than guardian)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

**Emergency Contact (other than guardian)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

