



AllTogetherNow! Registration Form

I'm signing up for: _____

Student's Name: _____ Child's Date of Birth _____

Student's Name: _____ Child's Date of Birth _____

Parents' Names: _____

Email: _____

Address: _____ Town _____ Zip _____

Phone: Home _____ Work _____ Emergency _____

(Summer Camp) Permission to use the pool:

- No Yes, shallow only Yes, full use after swim test

People approved to pick up: _____

Anything we need to know (allergies, medications)

____ Enclosed is the \$ _____ fee Payable To: AllTogetherNow! Corp.

Mailing Address:

170 Cherry Tree Hill Road
Montpelier, Vermont 05651

802-223-1242

www.alltogethernowvt.org

East