



GEORGETOWN SCHOOL DEPARTMENT

Office of the Superintendent

51 North Street

Georgetown, MA 01833

978-352-5777

Carol C. Jacobs
Superintendent of Schools

Jack Tiano
Director of Student Services

Penn Brook Summer Program Registration Form

Student's Name: _____

Date of Birth: _____

Grade **Entering** in September 2017: _____

Address: _____

Parent Information:

- Name and Phone Number: _____
- Name and Phone Number: _____
- Emergency Contact: _____

Pediatrician Name and Phone Number: _____

Daily Medicine: _____

Allergies: _____

Please tell us about your child: _____

Parent Signature: _____