



INCORPORATED VILLAGE OF EAST HILLS

(516)484-9800

--Park Card Registration Form--

Park Cards Available Monday - Friday 10AM to 2PM

LAST NAME: \_\_\_\_\_ MALE FEMALE

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Family/Household Status (please check one):

\_\_\_ Head of Household

If not Head of Household, please check relation to the head of household (please check one):

- \_\_\_ Spouse \_\_\_ Grandchild \_\_\_ Aunt/Uncle \_\_\_ Sole Shareholder \_\_\_ Child
\_\_\_ Sister/Brother \_\_\_ Grandparent \_\_\_ Cousin \_\_\_ Nanny \_\_\_ Caretaker
\_\_\_ Tenant \_\_\_ No Relation \_\_\_ Other Resident

Age Group: Over 15 Years Old 5-15 Years Old Under 5 Years Old Age: \_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_

PART TWO-----Required Additional Information-----

School (if applicable): \_\_\_\_\_ # Children in Household : \_\_\_\_\_

General Practitioner's Name: \_\_\_\_\_ and Phone #: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

--REQUIRED DOCUMENTATION--

ADULT ID'S (18 YEARS AND OVER):

- A. 1 of the following photo identification is required: Valid Driver's License Valid Passport
B. A copy of the deed is required plus at least two of the following documents which must accompany the adult application and show East Hills Address:

- Utility Bill Copy of Mortgage HUD Statement
Government ID Copy of the most recent signed tax return Whited-out Payroll
W-2 Completed Bank Statement Sales/transfer Real Estate document
University/College Tuition Bill Other \_\_\_\_\_

- 5-17 YEAR OLDS: Birth Certificate with raised seal Proof of school enrollment
(2 items Listed) Pre-school, school, or college report card (can be whited-out)
School ID Valid Passport Other \_\_\_\_\_

UNDER 5 YEARS: Birth Certificate with raised seal

--FOR OFFICE USE ONLY--

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FAMILY ID #: \_\_\_\_\_ TEMP.CARD #: \_\_\_\_\_ CARD # ISSUED : \_\_\_\_\_

MAYOR: \_\_\_\_\_ DATE: \_\_\_\_\_

To Be Completed Upon Picking Up Park Cards

I have received a copy of the park rules and agree to comply with these rules.

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Print Name of Card Holder

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Date

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Signature of Card Holder or Parent (if under 16)

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Relationship to Card Holder