

**Bernards Township Parks & Recreation
Household Information Form**

New Households - If you did not receive your user name and password (due to inactivity, an invalid email address, or new user) you are considered a NEW Household and will need to complete this form and **provide proof of residency and date of birth** (drivers license/birth certificates).

Active Households - You are able to update your phone numbers, email address, emergency contact information, user name and password through "My Account" at any time. To change your address or add date of birth for family members, you must complete this form and provide **proof of residency and date of birth** (drivers license/birth certificates).

A "household" consists of all immediate family members living at the same address.

Your form with documentation can be mailed or delivered in person to the Parks & Recreation Department, located in Town Hall, 1 Collyer Lane, Basking Ridge, NJ 07920. You may also scan your documents and email them to recreation@bernards.org. Once we have reviewed your completed form and proof, we will send you an email including your user name and password. All of the information must be legible on document copies or scanned files.

Check one: **New Household** - **Attach verification of residency and date of birth for ALL family members**
 Active Household Update – **Attach verification for the information you wish to update**

INCLUDE COPIES OF DOCUMENTS ONLY. DO NOT SEND ORIGINALS, THEY WILL NOT BE RETURNED.

Primary Household Contact/Guardian

First Name: _____ Last Name: _____
Address: _____ Town: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Primary Email Address: _____
Secondary Email Address: _____
Gender: M F Date of Birth: ___/___/___ *(DOB document verification required)*

Two email addresses
maximum
per household.

Secondary Household Contact/Guardian

First Name: _____ Last Name: _____
Address: _____ Town: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Gender: M F Date of Birth: ___/___/___ *(DOB document verification required)*

Additional Household Members (in age order, oldest to youngest):

Member #3

First Name: _____ Last Name: _____
Gender: M F Grade: _____ Date of Birth: ___/___/___ *(DOB document verification required)*

Member #4

First Name: _____ Last Name: _____
Gender: M F Grade: _____ Date of Birth: ___/___/___ *(DOB document verification required)*

Member #5

First Name: _____ Last Name: _____
Gender: M F Grade: _____ Date of Birth: ___/___/___ *(DOB document verification required)*

Member #6

First Name: _____ Last Name: _____
Gender: M F Grade: _____ Date of Birth: ___/___/___ *(DOB document verification required)*

Office Use Only Received: ___/___/___ Proof of Residency: ___ Proof of Birth Date(s): ___ UN/PW Emailed: ___/___/___