



## Summer Camp Registration Form

Cost: \$23/day for first child; \$18/day for each additional sibling  
Supply Fee: \$20/monthly (covers snacks and supplies)

*Please complete all required fields and return to the office with your 1<sup>st</sup> month supply fee.*

Child's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Child's Age: \_\_\_\_\_

Grade **Completed:** \_\_\_\_\_ *Must have completed K-5th grade to participate*

Address: \_\_\_\_\_  
Street City Zip

**My Child's Camp Start Date:** \_\_\_\_\_ **My Child's Camp End date:** \_\_\_\_\_  
*Camp dates: May 23<sup>rd</sup> to August 11<sup>th</sup>*

*My Child will attend camp:*

- 3 days/Week (minimum of 3 days)  
 4 days/Week  
 5 days/Week

My child will be **checked in/checked out** by: In: 

Mon.	Tues.	Wed.	Thur.	Fri.

  
 Out: 

Mon.	Tues.	Wed.	Thur.	Fri.

  
*Minimum of 3 days a week*

Times Available: 7:00 am - 5:00 pm

Please list any planned vacation time: \_\_\_\_\_  
(vacation time should be scheduled in advance in order to hold your spot in our summer camp)

### Parent/Guardian Information:

Father's Name _____ Address _____ (If different from child's) Home Phone _____ Cell Phone _____ Work Phone _____ Email _____ Employer/Occupation _____ _____	Mother's Name _____ Address _____ (If different from child's) Home Phone _____ Cell Phone _____ Work Phone _____ Email _____ Employer/Occupation _____ _____
--	--

Please list all persons authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_ Main Street CEC has my permission to include my name, address & phone number in a student directory.  
\_\_\_\_\_ Initial Here

\_\_\_\_\_ Main Street CEC has my permission to take photographs of my child during camp hours.  
\_\_\_\_\_ Initial Here

\_\_\_\_\_ Main Street CEC has my permission to take my child out of the fenced-in play area during outdoor play.  
\_\_\_\_\_ Initial Here

**Emergency Contact and Medical Release/Information for a Child**

**Child's Name:** \_\_\_\_\_

**Emergency Contacts** (If we are unable to reach a parent we will use these contacts)

Primary Emergency Contact _____ Home Phone _____ Cell Phone _____ Work Phone _____ Preferred Contact Method: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Emergency Contact _____ Home Phone _____ Cell Phone _____ Work Phone _____ Preferred Contact Method: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
---	---

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Primary Insurance Holder: \_\_\_\_\_

Allergies/Special Health Concerns: \_\_\_\_\_

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date