



# Summer Camp Registration Form 2018

Cost: \$24/day for first child; \$19/day for each additional sibling

**Please complete and return application and medical release to the office with your child's immunization certificate and \$65 nonrefundable supply fee.**

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

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

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

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

**My Child's Camp Start Date:** \_\_\_\_\_ **My Child's Camp End date:** \_\_\_\_\_

You will be billed for your child's SCHEDULED camp dates. If you must adjust their start or end date, please do so in writing to the camp director at least two weeks prior to the change avoid the possibility of any financial responsibility. If your child must miss camp for illness or other reason (except a scheduled vacation), you are financially responsible for your child's scheduled days.

**Camp dates: June 6<sup>th</sup> - August 8<sup>th</sup>** *My Child will attend camp:*  
\_\_\_\_ 3 days/Week (minimum of 3 days)  
\_\_\_\_ 4 days/Week  
\_\_\_\_ 5 days/Week

		Mon.	Tues.	Wed.	Thur.	Fri.
Time my child will be <b>checked in/checked out:</b>	In:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Out:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Minimum of 3 days a week*

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

Please list any planned vacation time:  
Week 1: \_\_\_\_\_  
Week 2: \_\_\_\_\_

*Families may receive up to 2 weeks of unpaid vacation time. One week of vacation is equivalent to the days your child attends each week. To adequately staff our summer camp program, vacation days should be listed on this application to hold your spot in our summer camp and avoid being billed for days during your*

*vacation. If you must adjust an already scheduled vacation, please do so at least two weeks in advance in writing to the camp director.*

**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 _____ _____
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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)

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

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

*I certify that this information is correct to the best of my knowledge. I will be vigilant in informing the summer camp of any changes in my child's schedule in advance and understand the failure to do so may result in financial responsibility for the days I have scheduled on this application. I understand that I must pay the \$65 nonrefundable supply fee and submit my child's immunization certificate to secure my child's spot in the camp.*

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

\_\_\_\_\_  
Date

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

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

### **Emergency Contacts (NOT A PARENT - If we are unable to reach a parent we will use these contacts.)**

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