

MINI CAMP

GRADES K-5TH

**PRE- REGISTRATION INCLUDING IMMUNIZATIONS
AND UP TO DATE PHYSICAL IS REQUIRED**

CIRCLE DATE NEEDED MONDAY, OCTOBER 9TH
FRIDAY NOVEMBER 10TH
TIME : 9:00AM - 4:00PM

EXTENDED CARE (CIRCLE IF NEEDED):

8:00AM - 9:00AM 4:00PM - 6:00PM

| FEES: | MEMBER | NON-MEMBER |
|--------------|---------------|-------------------|
| | \$70 | \$80 |

EXTENDED CARE:

AM - \$10 PM - \$12

CHILD'S NAME: _____

AGE : _____ **DOB:** _____

EMAIL: _____

ADDRESS: _____

PARENT NAME: _____

HOME PHONE: _____ **CELL PHONE:** _____



REGISTRATION FORM

EMERGENCY CONTACTS

I, NAME _____ PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

I, NAME _____ PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

DOES YOUR CHILD HAVE ANY PHYSICAL RESTRICTIONS?

IS YOUR CHILD ON ANY CURRENT MEDICATIONS?

DOES YOUR CHILD HAVE ANY ALLERGIES THAT WE NEED TO BE AWARE OF?

AGREEMENTS- PLEASE READ AND RESPOND TO QUESTIONS:

I CONSENT TO THE ENROLLMENT OF THE CHILD LISTED ABOVE IN THIS FACILITY AND HAVE BEEN ADVISED OF THE POLICIES REGARDING ADMINISTRATION OF MEDICATIONS, FEES, TRANSPORTATION AND THE SERVICES PROVIDED BY THE FACILITY, AND THE OFFICE OF CHILDREN AND FAMILY SERVICES REGULATION UNDER WHICH IT OPERATES

IN CASE OF ACCIDENT OR INJURY, I AUTHORIZE ANY AND ALL EMERGENCY MEDICAL, DENTAL, AND/OR SURGICAL CARE AND HOSPITALIZATION ADVISED BY THE PHYSICIANS, SURGEON OR HOSPITAL NECESSARY FOR THE PROPER HEALTH AND WELL BEING OF MY CHILD **YES OR NO (PLEASE CIRCLE ONE) .**

I AGREE TO REVIEW AND UPDATE THIS INFORMATION WHENEVER A CHANGE OCCURS AND AT LEAST ONCE EVERY SIX MONTHS. **YES OR NO (PLEASE CIRCLE ONE) .**

I HAVE PROVIDED INFORMATION ON MY CHILD'S SPECIAL NEEDS (ALLERGIES, DIET, DISABILITIES, AND/ OR MEDICAL INFORMATION) TO THE PROVIDER, AS MAY BE NECESSARY TO ASSIST THE FACILITY IN PROPERLY CARING FOR MY CHILD IN CASE OF AN EMERGENCY **YES OR NO (PLEASE CIRCLE ONE) .**

PARENTS SIGNATURE _____ DATE _____