

Teacher Planning Day Camp Registration Form

\$35.00 per Student (Must be Prepaid)

Child's Name _____ DOB _____ Sex _____ Grade _____

Address _____ Home Phone _____

Parent's Name _____ Cell _____

Address (If Different) _____ Work # _____

E-mail Address _____

Parent's Name _____ Cell _____

Address (If Different) _____ Work # _____

E-mail Address _____

Emergency Contacts:

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Additional Persons Authorized to Pick Up (Not Listed Above):

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Medical Needs (Allergies)/Other Alerts _____

Doctor's Name _____ Phone Number _____

Hospital _____ Phone Number _____

I have read and agree to the Aftercare Guidelines, including Discipline Procedures, Payment Policies and Late Pick Up Fees. I understand that failure to abide by any of these policies will result in the removal of my child from the program and that ALL fees are non-refundable.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Please be advised you are required to be registered in the aftercare program, and hav all balances paid off in order to participate in any Teacher planning or holiday camps.

*All payments must be paid via EZCare 2.
Thank you and we hope to see you there!!*