

# Camp Registration Form

**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!!*