

# Hillsborough Schools Summer Camp 2019 Registration Form

Non-refundable \$35 registration (camp cost, refer to flyer) per Student (Must be prepaid)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Shirt size \_\_\_\_\_

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 \_\_\_\_\_

## Week's attending:

Wk.1 \_\_\_ June 3-7    wk.2 \_\_\_ June 10-14th    wk.3 \_\_\_ June 17<sup>th</sup>-21<sup>st</sup>    wk.4 \_\_\_ June 24<sup>th</sup>-28th

Wk.5 \_\_\_ July 1<sup>st</sup>-3<sup>rd</sup> (closed 4<sup>th</sup> and 5<sup>th</sup>)    Wk.6 \_\_\_ July 8-12th    wk.7 \_\_\_ July 15<sup>th</sup> -26th

Wk.8 \_\_\_ July 22-26<sup>th</sup>

## Emergency Contacts:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

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 summer camp program and have all balances paid in all school accounts in order to participate in the camp.  
All payments must be paid via EZCare.*

*Thank you and we hope to see you there!!*