

Hillsborough County Schools Summer Camp 2019 Registration Form

One time, non-refundable \$35 registration fee per student (camp cost, refer to flyer) (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 10-14

wk.3 ___ June 17-21

wk.4 ___ June 24-28

wk.5 ___ July 1 – 3 closed 4,5th

wk.6 ___ July 8-12

wk.7 ___ July 15 –19

wk.8 ___ July 22- 26

wk.9 ___ July 29 – Aug. 2

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!!