

# School-Break Vacation Camp

# REGISTRATION FORM



## CHILD INFO

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_

Medical Stipulations: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Other Notes: \_\_\_\_\_

## FAMILY/EMERGENCY CONTACT

Primary Guardian: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone(s): \_\_\_\_\_

## AUTHORIZED PICK-UP/DROP-OFF LIST

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

- I authorize the people listed above to drop-off/pick-up my child
- My child can sign themselves in and out
- Photo Release (you allow us to use photos of your child to help promote rec programs)
- I give permission for my child to have Tylenol at our discretion
- I have read the handbook and am aware of the policies listed in it

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE- CAMP: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_