



Winter Camp Registration Form 5775

Childs First & Last Name:			
DOB:	Gender:	Grade:	School:
Address:			Apt #
City:		Zip:	Childs Cell:
Home Phone:			
Fathers Name:	eMail:		Cell:
Father's Address: <i>(If different from above)</i>			
Mothers Name:	eMail:		Cell:
Mother's Address: <i>(If different from above)</i>			

Emergency Contact & Health Record

In case of emergency, if either parent cannot be reached, I authorize camp to contact:

Family Physician:	Phone:
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If my child must be taken home because of a minor illness and I cannot be reached, please contact:

Name:	Phone:	Relation:
Name:	Phone:	Relation:

Existing Medical Conditions:
Medications/ Treatments:
Allergies:
Special Dietary or Other Needs:

This health history is to the best of my knowledge correct and the person herein described has permission to engage in all prescribed camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment and necessary transportation for my child and to the physician selected by the Director to secure and administer treatment, including hospitalization for my child as named above. The completed form may be photocopied for trips out of camp.

I understand that there are pictures & videos taken of children & posted on our website, newsletters & other forms of marketing.

Parent's signature: _____ Date: _____

FEE				
Camp: \$185	Breakfast, Lunch & Snack: \$35	Early drop - off (8am) & Late pick-up (4pm): \$40 (or \$10/day)		
Total Paid: \$	Date paid:	Cash	Check #:	
Credit Card #:				Exp Date: