

## CAMP REGISTRATION FORM

(PLEASE TYPE OR PRINT CLEARLY)

Parent/Guardian Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Children's Full Name**

First/Middle/Last

Sex

Birthday

mm/dd/yy

Age

Now

Homeroom

**TO GUARANTEE A SPOT FOR YOUR CHILD(REN), A REGISTRATION FEE OF \$10.00 MINIMUM PER CHILD IS NECESSARY.**

Number of Children \_\_\_\_\_ X \$10.00 = Total Amount Due \$ \_\_\_\_\_

Child(ren) resides with (please check) Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**OFFICE USE ONLY**

Amt Recv'd \_\_\_\_\_

Date Paid \_\_\_\_\_

Pmt Type \_\_\_\_\_

\_\_\_\_\_

***Your child must be picked up from Camp Stuart by an authorized adult.*** Please list persons authorized to pick up your child(ren):

Name of Adult

Relationship

To Child

Phone

Number(s)

### PARENT PERMISSION

I give permission for my child(ren) to participate in this program. I declare that the above information is correct. If any of this information changes at any time, I will immediately notify the **Camp**. I agree that if a health condition exists which would limit his/her participation in this activity, I will notify the **Camp** immediately (please complete the other side of this form). I understand that **Camp** may take walking field trips to Noyes Park; I do extend this permission to include those trips.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate **estimated** drop off and/or pick up times under the days and sessions you anticipate your child will attend Camp Stuart. Make every effort to be as accurate as possible, as this information is requested for staffing purposes. You will only be billed for the actual dates your child attends Camp Stuart. If your estimated dates of attendance change at any time, please inform Camp staff. Thanks!

Child(ren)'s Name(s):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>MORNING</b>					
<b>AFTERNOON</b>					