

Doc's Summer Day Camp

Application/Registration

Name of child _____ D.O.B. _____

Age _____ Last grade completed _____

Address _____ Home phone _____

Mother's name _____ Work phone _____

Address (if different) _____ Employer _____

Cell phone _____ Father's cell phone _____

Father's name _____ Home phone _____

Address (if different) _____ Employer _____

Other emergency contact Name _____ Phone _____

Address _____ Cell phone _____ Relationship _____

*Children will not be released to any other person/s not listed above without written parental consent.

Important medical/Allergy information _____

Medication list and dosage _____

Will your child need medication administered during Day Camp hours? List medication and dosage schedule. _____

Medical Insurance Carrier _____ Person responsible _____

Group # _____ ID# _____

I would like to enroll my child in your _____ full time Summer Day Camp \$145 p/week
_____ Part time (less than 4 days per week) \$35p/day * must be same days (circle) M T W Th F
_____ Part time (less than 8 weeks) \$160 p/week Please indicate which week (s) your child will be participating. _____

*discounts will be given for multiple children *weekly payments are due Mondays each week

A one time registration fee of \$15 is due at the time application is submitted.

All weekly payments and registration fee can be paid by cash, check, money order or credit card.

I agree by signing below to allow my child to participate in all activities and field trips provided by Doc's Summer Day Camp. I also give my permission to have my child treated by a medical facility and/or doctor in the event of an emergency. I understand to cancel my agreement I must submit a written letter of cancellation 5 days prior to ending my agreement.

Signature _____ Date _____

Print name _____