



# WESTCHESTER PARK DISTRICT

## CLUB 6 - 2012 Day Camp Registration/Release Form

Grade entering in **Fall of 2012:** **6<sup>th</sup> grade only**

Family Home or Primary Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Name Last Name

Child's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_  
House number Street Town Zip

Primary Contact's EMAIL Address: \_\_\_\_\_

Are there any special accommodations needed? Yes / No (Please circle Yes or No)

Is your child allergic to any types of food? Yes / No

Is your child allergic to bee stings? Yes / No

Explain: \_\_\_\_\_

### Release and Consent

(Please circle Yes or No)

- Can your child be released on his or her own? YES / NO
- My permission is granted for my child to participate in walking field trips. YES / NO
- My permission is granted for my child to participate in field trips with transportation. YES / NO

**Parent/Guardian, please turn sheet over to complete page 2 of this form**



### OFFICE STAFF TO COMPLETE SECTION BELOW

<u>Session I Codes:</u>	<u>Circle Code</u>	<u>Session II Codes:</u>	<u>Circle Code</u>	<u>Session III Codes:</u>	<u>Circle Code</u>
1111-1 10-3 Club 6/Boys	1113-1 10-3 Club 6/Girls	1115-1 7-10 am Extended Hrs	1111-2 10-3 Club 6/Boys	1113-2 10-3 Club 6/Girls	1115-2 7-10 am Extended Hrs
				1111-3 10-3 Club 6/Boys	1113-3 10-3 Club 6/Girls
					1115-3 7-10 am Extended Hrs
<b>Due at Registration</b>		M-F camp due by <b>June 11 M</b>		M-F camp due by <b>July 2 M</b>	
Paid In Full \$		Paid <b>\$20.00</b> or \$		Paid <b>\$20.00</b> or \$	
No Deposits Taken for Session I		\$20.00 Deposit Required		\$20.00 Deposit Required	
NO Balance Due		Balance Due: \$		Balance Due: \$	

Parent/Guardian CONTACT INFORMATION [Authorized to Pick-Up]

1) **Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
House Number Street Town Zip

Work Phone #: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

2) **Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
House Number Street Town Zip

Work Phone #: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD**

*[other than the Parents/Guardians as listed above]*

Please fill in the names and phone numbers of those individuals who are allowed to pick up your child. Only those people listed will be able to pick up your child from Day Camp. If changes or additions need to be made, please do so in person at the Main Office window.

*Thank you for your cooperation in making Day Camp a secure and safe environment for your child.*

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

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

Work #: (\_\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

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

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

Work #: (\_\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_