

Summer Camp 2012

Date to begin: _____

Registration Form

Grade completed as of June 2012 _____

Child's full name (first, middle, last): _____

Child's preferred first name or nickname: _____ Child's Sex: ___ M ___ F

Child's date of birth: Month: _____ Day: _____ Year: _____

New student: _____ Returning student: _____

Name(s) & birth date(s) of siblings registered for camp or child care: _____

_____**Full-time Summer Camp /anticipated drop off and pick up time:** _____

_____**Part-time Summer Camp / for scheduling purposes please specify days/dates and times for part time and vacations:**

Ex: Tues. & Thurs. from 9-3

Ex: Vacation week of July 16-20

PARENT/GUARDIAN INFORMATION:

Please list the legal parents or guardians who have responsibility for the child.

Father

Full name: _____

Phone: (H) _____ (C) _____

E-mail: _____

Address: _____

City/State/Zip: _____

Employer: _____

Position/Occupation: _____

Work Phone: _____

Mother

Full name: _____

Phone (H) _____ (C) _____

E-mail: _____

Address: _____

City/State/Zip: _____

Employer: _____

Position/Occupation: _____

Work Phone: _____

In the event the child does not reside with legal parents/guardians please list here. We will need documentation.

Full Name: _____

Phone: (H) _____ (C) _____

Email: _____

Address: _____

City/State/Zip: _____

Employer: _____

Position/Occupation: _____

Work Phone: _____

Church affiliation: Denomination: _____ **Congregation:** _____

EMERGENCY CONTACTS:

In case the parents/guardians are not available, whom should we contact?

Name	Relationship to Student	Day Phone
A. _____	_____	_____
B. _____	_____	_____

MEDICAL INFORMATION:

If a child becomes ill, the parent/guardian will be contacted. We request that the child be picked up as soon as possible to minimize contamination of the other children and the staff.

- A. Child's allergies (including foods), medical history, medications, and any physical or emotional impairment to which child care personnel should be alerted:

- B. If your child becomes ill or injured, in the event that you cannot be notified, we will proceed with first aid and emergency medical care for your child?
- C. Physician/Pediatrician: _____ Phone: _____

Authorization for person(s) to pick up your child:

_____	_____
_____	_____

Person(s) NOT authorized to pick up your child:

_____	_____
_____	_____

AGREEMENTS:

- 1. Authorization is given for my child to participate in field trips. Yes ___ No ___
- 2. Permission is hereby granted for WRCCC to use my child's name and photo in publications, publicity pieces, and on the WRCS, Inc website unless noted below. Yes ___ No ___

Comments/notes: _____

Parent's/Guardian's signature: _____ Date: _____

Director/Assistant Director signature _____ Date: _____

<p><i>For Office Use Only</i></p> <ul style="list-style-type: none"> ○ Birth Certificate ○ Immunization Records ○ Medical Information ○ Registration fee received ○ Legal documentation (if applicable) ○ Date child began attending WRCCC: _____ ○ Previous Child Care Center: _____ ○ Notes/Comments: _____
