

Doc's Summer Day Camp Application/Registration

Name of child _____ D.O.B. _____
Age _____ Last grade completed (2018/2019 school year) _____
Address _____ Cell phone _____
Mother's name _____ Work phone _____
Address (if different) _____ Employer _____
Father's name _____ Cell Phone _____
Address (if different) _____ Employer _____
Other emergency contact Name _____ Phone _____
Address _____ 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# _____ Phone # _____

I would like to enroll my child in your _____ full time Summer Day Camp \$170 p/week
_____ Part time (less than 4 days per week) \$45 p/day * must be same days (circle) M T W T F
_____ Part time (less than 8 weeks) \$185 p/week Please indicate which week (s) your child
will be participating. _____

Start date _____ End date _____ Vacation/Absent _____

Daily Drop off time _____ Daily Pick up time _____

*10% discount will be given for each sibling after the first.

*5% discount if entire summer paid before or during the first week of camp.

*Weekly payments are due Mondays each week

A one time registration fee of \$20 is due at the time application is submitted. We will be charging a \$15 per week field trip fee to be paid on your first day of camp or included in each week's payment.

Payments can be made with check, cash, 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 also agree to not hold liable Doc's Family Fun Center and/or employees for injury/incident occurring while in care of the facility and/or employees. 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 _____

Email: _____ T-shirt size: _____