

Summer Play Camp Registration and Contract

Please Print			
Student First and Last name	Gender	Birthdate	Age
Street Address, City and Zip		(_) Iome Phone number
Please list any allergies or medica	l conditions the teachers need to be awa	are of:	
Parent 1 / Guardian 1 Name	Relationship to Student	Email	
Phone number	Best time to reach you	Occupation	
Parent 2 / Guardian 1 Name	Relationship to Student	Email	
Phone number	Best time to reach you	Occupation	

I understand the Summer Play Camp is a week long (Monday- Friday) and that this camp is a mixed aged group of children 2 - 7 years old. I will sign up for a snack day, if available, and assist the teachers during camp. All other days, I will arrive to camp with my child no earlier than 8:45am. Camp will begin at 9am.. Do not leave until teachers have checked you in and camp has started. Pick up is at 12pm, when camp is finished for the day. If I am more than 15 minutes late, I understand there will be a late pick up fee of \$10. If I am late two times, I understand my Camp membership will be terminated with no refund. I will pay the one time camp fee of \$75 before beginning camp. I understand there are no refunds. I give consent for my child to participate in all Cooperative Play Academy Inc.'s programs, activities, etc. I assume all risk of property damage and personal injury associated with and related to participation by me or my child in all Cooperative Play Academy Inc.'s programs, activities, etc.

By Signing below, I state I have read, understand and will abide by the above statements.

Parent/ Guardian Sign	nature	Relationship to ch	hild Date		
Cooperative Play Academy does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, disability, national origin, ancestry, age, or United States military service veteran status.					
_ Office use only					
Date received: Notes	Amount Received\$	Check number	Balance due		