

Student Information

Rita's Place Day Camp
2022 – 2023 School Year

If you have more than one child, please complete a form for each child.

Ph: (202) 381-0880 Fax (202) 248 –7416
Email: info@ritasplacellc.com

Child Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Grade: _____ School: Peabody Watkins Two Rivers Other: _____

Health Conditions / Allergy Information:

Parent / Guardian Contact Information:

Parent / Guardian Name Cell Phone Work Phone

Email Address: _____

Parent / Guardian Contact Information:

Parent / Guardian Name Cell Phone Work Phone

Email Address: _____

Pick-Up Information:

My Child(ren) may be picked up by any of the following people:

Name:	Relationship	Phone Number(s)
Name:	Relationship	Phone Number(s)
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I agree to the terms written in the following statements:

Initial	Statements
	I will authorize by fax, phone, email or letter if my child(ren) are to be dismissed with persons other than those listed in the "Pick-Up Information" section of page 2.
	I agree to discharge, indemnify and hold harmless Rita's Place; employees, agents, or representatives of Rita's Place and all sponsors, participating Volunteer organizations and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by arising out of an activity / field trip with Rita's Place.
	I allow Rita's Place to use photo's of my child(ren) and copies of my child(ren)'s work for program Advertisement without use of my child(ren)'s name.

Parent / Guardian's Name printed

Parent / Guardian's Signature

Date: