

Extended Day

Extended Day Program Registration

Registration Form for children pre-K through 8th grade attending our Extended Day program

All children registering for this program must have an up to date immunization record

Child Information

Information pertaining to child being registered for the program

Name of Child (last, first, middle initial) _____
(Required):

Birthdate of Child (Required): _____

Age of Child (Required): _____

Responsible Party

Information of the primary person responsible for payment

Primary Person responsible for payment of this account (Required):

Person listed here will have financial responsibility for the payment of this account in reference to the child listed above in our Camp SAFE program

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Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

Phone (Required): () _____ - _____

Phone number where you can be reached in an emergency.

Email Address (Required): _____

Email address of person responsible for payment.

Emergency Contact Information

Persons to be contacted if case of an emergency

First Choice Contact Name _____
(Required):

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Phone (Required): () - _____

Relationship to Child (Required):

(Select only one option)

- | | |
|---|---|
| <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Step-parent |
| <input type="checkbox"/> Parent (out of home) | <input type="checkbox"/> Deacon/Deaconess |
| <input type="checkbox"/> Neighbor | |

Authorized for Pickup (Required):

(Select only one option)

- No Yes

Driver's License Number (Required): _____

Second Choice Contact Name (Required): _____

Phone (Required): () - _____

Relationship to Child (Required):

(Select only one option)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Step-parent | <input type="checkbox"/> Parent (out of home) |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Deacon/Deaconess |

Authorized for Pickup (Required):

(Select only one option)

- No Yes

Driver's License Number: _____

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Medical Information

Please answer all questions regarding the child being registered. All answers are strictly confidential.

Name of Physician (Required): _____

Physician that you want called in case of a medical emergency

Physician's Number (Required): () - _____

Allergies (Required - Select at least one option):

- Milk Nuts
 Grass Cheese
 Other

If Other, please explain: _____

Behavior Issues (Required):

(Select only one option)

Please answer 'Yes' if your child has to take medication(s) to modify (control) his/her behavior.

- Yes No

Continuance of Medication (Required):

(Select only one option)

If your child takes medication to modify his/her behavior during the school year; please indicate whether he/she will continue doing so during the summer months.

- Yes No

Additional Medical Information:

If applicable, please indicate all additional medical information that our staff should be aware of so that we can best serve the interest of your child.

Fees

Fees required to complete Registration

Registration Fee (Required):

Enter a value between \$25 and \$25

Activity Fee (Required):

Enter a value between \$75 and \$75

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Signature (Required): _____

By signing this document, I acknowledge that I have provided all the information and paid all the fees required for registration of my child in the Camp SAFE Kids program. I further acknowledge and understand that all the initial fees, registration and activity fee are non-refundable and non-transferrable. I understand that these fees must be paid in full prior to my child being added to the enrollment roster.