



City of Friendswood Summer Day Camp Registration Packet



Please check any/all session(s) to attend: (session = 2 weeks)

Session 1
*6/2 - 6/10

Session 2
6/13 - 6/24

Session 3
*6/27 - 7/8

Session 4
7/11 - 7/22

Session 5
7/25 - 8/5

Session 6
8/8 - 8/19

Extended Care -Session 1 Session 2 Session 3 Session 4 Session 5 Session 6

Participant's Information (please also provide us with a picture of your child)

Participant's Name: _____ DOB: _____ Age: _____

Boy Girl Returning Camper? Yes No T-Shirt Size: Child - S M L
(Please Circle) Adult - S M L XL

Parent/Legal Guardian Information

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

_____ Circle Best Contact #

_____ Circle Best Contact #

Home#: (____) _____

Home#: (____) _____

Work#: (____) _____

Work#: (____) _____

Mobile#: (____) _____

Mobile#: (____) _____

Phone Carrier _____

Phone Carrier _____

Email: _____

Email: _____

TDL#: _____

TDL#: _____

Authorized to Pick Up Child:

Yes No

Authorized to Pick Up Child:

Yes No

For Office Use Only:

DATE PAID AMOUNT PAID BALANCE DUE REC'D BY RECEIPT# ENROLLED WAITLIST PHOTO

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*Represents discounted session.

Child Name: _____

Age: _____

M/F _____

Pick Up Authorization

Additional Person(s) authorized to pick up child and/or to be contacted in case of emergency:

Name: _____ Name: _____ Name: _____

Home#: _____ Home#: _____ Home#: _____

Cell#: _____ Cell #: _____ Cell #: _____

***Under no circumstance will your child be allowed to leave with any individual that is not listed, unless prior arrangement or approval has been made with Director, Parent and/or Recreation Manager.**

Let Us Know About Your Child

Child's Interests or Favorite Things _____

Goals For Your Child _____

Parent's Concerns _____

Additional Information _____

Please Note

Camp staff reserves the right to remove any camper whose actions are deemed harmful or who does not abide with rules and policies of the camp. In the event of dismissal or withdrawal, refunds will not be issued. Also, I give permission for the City of Friendswood to use pictures taken of my child as a program participant for publicity and advertising purposes.

Financial Obligations

A \$50 non-refundable deposit is required per session, per child to hold a spot. The deadline to pay the balance will be due a week prior to the start of each session. Failure to pay by the deadline will result in withdrawal from that session.

Medical or Health Related Information

****Please List:** Any special problems or needs such as: allergies, existing illness, previous serious illness or injury, hospitalization during the past 12 months, medication prescribed for long-term, continuous use, hyperactivity, social behavior with peers, or any other special needs we should know about your child.

While all Friendswood Summer Day Camp employees are First Aid and CPR Certified, they are not trained or qualified to distribute any medication. Inhalers and EPI pens are the **only** prescription medications that may be sent to camp with your child and they must know how to administer the medication themselves with the **assistance** of a qualified adult.

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the City of Friendswood to take my child _____ to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Hospital Preference: _____ **Address:** _____

Phone: _____ **Physician's Name:** _____ **Office #:** _____

Address: _____ **Emergency Night Number:** _____

PLEASE READ CAREFULLY BEFORE SIGNING

In case of an accident or injury, your child will be taken to the nearest emergency facility. The parent should authorize the physician at the time of registration, to accept any call from the City of Friendswood for emergency medical attention.

I have read and hereby accept all policies and procedures as explained in the Summer Day Camp Registration & Information Packet.

_____ **Date**

_____ **Signature of Parent or Legal Guardian**

****PHOTOCOPY OF BIRTH CERTIFICATE, INSURANCE CARD & WATER BILL REQUIRED****

The City of Friendswood reserves the right to make any exceptions to the rules that govern the Summer Day Camp program.