

# DAY CAMP REGISTRATION

There is a \$5 registration fee per child (non-refundable)

Child's Name: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School \_\_\_\_\_ Grade (completed as of June 2017) \_\_\_\_\_  
*must have completed kindergarten to participate*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother  Guardian

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Father  Guardian

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Martial Status: ( )Single ( )Married ( )Divorced Custody: ( )Mother ( )Father ( )Both ( )Other

Custody Notes:  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization Pick-Up List:

**Below is a list of people who are authorized to pick up your child from Day Camp. Your child will not be released to anyone not on this list, unless otherwise noted. Please attach a sheet with additional authorized persons if needed.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Shirt Size (circle size): YXS    YS    YM    YL    AS    AM    AL

**Check Location of attendance: BURLINGTON  FLORA**

My child will be using the bus transportation from Delphi High School parking lot.  
Please mark transportation needed: Departure (7:30am)  Return (4:30pm)

Check the days of the week your child will be attending Camp? MON  TUE  WED  THU  FRI

Please write in the approximate times of: Drop-off Time \_\_\_\_\_ Pick-up Time \_\_\_\_\_

Check all weeks that your child may potentially attend:

June 5-9  June 12-16  June 19-23  June 26-30  July 3-7

July 10-14  July 17-21  July 24-28  July 31-Aug 4

Do you have a CCCC Family Membership: Yes  No

**\*\*\*Medical and Discipline forms need to be completed before child is able to attend\*\*\*  
Parent Handbook with forms is available at the Carroll County Community Center**