



THE FAMILY  
CENTER

# 2016 Summer Camps

## 4-Morning Camp Registration Form

Monday, Tuesday, Wednesday and Thursday  
9 a.m. to 1 p.m.  
\$290 per session

Children 3 years old as of June 6 up to 5 years old, **including children entering kindergarten**

### **PART 1 (Please Print):**

My child will attend the following sessions:

- Session I** - June 6-16     **Session II** - June 20-30     **Session III** - July 5-14  
(camp is closed on July 4)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

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

Date of Birth: \_\_\_\_\_ Special Interests: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

Child Lives With:

- Mother/Father     Mother Only     Father Only  
 Mother/Stepfather     Father/Stepmother     Other: \_\_\_\_\_

Sibling Names: \_\_\_\_\_

### **PART 2 (Please Print):** Medical Information

Emergency Contacts (in the event a parent cannot be reached):

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

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Policy #: \_\_\_\_\_

If your child is on medication, please specify: \_\_\_\_\_

Medical Information (disabilities, medical concerns or allergies including medications, foods, insects):

\_\_\_\_\_  
\_\_\_\_\_

**(OVER)**

# 4-Morning Camp Registration Form Cont.

## PART 3

### **PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS**

- If this application is accepted, I agree to pay all fees associated with this summer program as outlined on this form.
- In the event my child needs emergency medical treatment and the parents or emergency contact cannot be reached, I give consent for the School District of Clayton to obtain through a licensed medical professional and hospital such medical care that is reasonably necessary for the welfare of my child. Emergencies needing the Clayton ambulance service will be dealt with as follows: children under 14 years of age will be transported to either Cardinal Glennon or St. Louis Children's Hospital. I agree to assume the cost for transportation and medical treatment in such an emergency situation.
- I give permission for the image or likeness of my child to be used by the District on the website, in various camp-related publications and in media releases.
- I give permission for the School District of Clayton to contact me with information about my child or my child's summer program via a pre-recorded phone message or mobile text message to any of the phone numbers listed on this form.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed application with deposit of \$290 to the Family Center (301 N. Gay Ave.) by March 17. Full payment for the Family Center Summer Camp is due by April 18. No refunds after April 22.**

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### **FOR OFFICE USE ONLY**

Check # \_\_\_\_\_ Dated \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ \$ \_\_\_\_\_

Check # \_\_\_\_\_ Dated \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ \$ \_\_\_\_\_