

Valrico Summer Camp Registration

Child's Name _____ **DOB** _____ **Sex** _____ **Grade** _____

Address _____ **Home Phone** _____

Shirt Size: CHILD XS, S, M, L, XL ADULT XS, S, M, L, XL (PLEASE CIRCLE)

Mother's Name _____ **Cell** _____

Address (If Different) _____ **Work #** _____

E-mail Address _____

Father's Name _____ **Cell** _____

Address (If Different) _____ **Work #** _____

E-mail Address _____

Emergency Contacts:

Name _____ **Relation** _____ **Phone Number** _____

Name _____ **Relation** _____ **Phone Number** _____

Name _____ **Relation** _____ **Phone Number** _____

Additional Persons Authorized to Pick Up (Not Listed Above):

Name _____ **Relation** _____ **Phone Number** _____

Name _____ **Relation** _____ **Phone Number** _____

Medical Needs (Allergies)/Other Alerts _____

Doctor's Name _____ **Phone Number** _____

Hospital _____ **Phone Number** _____

I have read and agree to the Aftercare Guidelines, including Discipline Procedures, Payment Policies and Late Pick up Fees. I understand that failure to abide by any of these policies will result in the removal of my child from the program and that ALL fees are non-refundable.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

*All participants must be registered in the After School Program! Account must be in good standing!
Minimum 25 students.*