

FSCS Summer Camp Registration Form

Registration Paid: Yes ___ Amount \$ _____ Ck# _____ Cash _____ Date _____

Child's Info

Application Date: _____ Start Date: _____

Name of child: _____

Date of birth: _____ Upcoming Grade: _____

List any known allergies: _____

Days attending each week: _____

Vacation days (if applicable): _____

My child will need care the week of July 4th (July 2-6) _____ yes _____ no

Parent Info

Father/Guardian: _____

Address: _____

Employer: _____

Business Phone #: _____ Home #: _____

Cell #: _____ Father's email: _____

Mother/Guardian: _____

Address: _____

Employer: _____

Business Phone #: _____ Home #: _____

Cell #: _____ Mother's email: _____

Emergency Contacts

Name: _____

Relationship to child: _____ Phone #: _____

Name: _____

Relationship to child: _____ Phone #: _____

Emergency care information

Name of child's doctor: _____ Office phone #: _____

Name of child's dentist: _____ Office phone #: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted.

I agree to pay my weekly fee on Mondays and I understand a late payment will include a late payment fee of \$10 per day late. If your child's first day of the week is Tuesday, the payment is due on Tuesdays.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

****Return by May 11th to secure your child's free summer camp shirt!****