



Camp Catch a Dream

2019 FEBRUARY & SPRING Sessions

Name of Camper	2018-2019 Grade	Birthdate	Name of Camper	2018-2019 Grade	Birthdate
1			4		
2			5		
3			6		

Any allergies? _____

Any medical conditions that we should be aware of? _____

Is your child taking any medications while attending camp? _____

Does our staff need to administer the medication? YES or NO If so, please fill out the Medicine Permission Slip.

Emergency contact if you are not available. Name: _____

Relationship to Camper: _____ Phone #: _____

	Parent/Guardian - 1	Parent/Guardian - 2
Name		
Title		
Mailing Address		
City / Zip		
Email		
Home #		
Cell #		
Work #		

The following people have my permission to pick up my camper(s):

Name	Phone #	Relationship to Camper(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camp staff will ask for picture id prior to releasing child to them. Please be prepared to show picture id.

_____ I am aware that payment to camp must be made prior to my camper(s) attending.
Initial

*** Please mark below which camp days your camper is attending camp. ***

*Campers are able to bring their rollerblades, skates, and or scooters to camp each day; HOWEVER, they **MUST bring a helmet** to protect their head from injury if they should fall. Without a helmet they will not be able to use their rollerblades, skates, or scooter.*

FEBRUARY Session

MON	TUE	WED	THU	FRI
FEB-18	FEB-19	FEB-20	FEB-21	FEB-22
NO CAMP	\$28 X _____	\$28 X _____	\$28 X _____	\$28 X _____

SPRING Session

MON	TUE	WED	THU	FRI
APR-15	APR-16	APR-17	APR-18	APR-19
\$28 X _____	\$28 X _____	\$28 X _____	\$28 X _____	\$28 X _____



Photo Release

- I authorize my child's picture to be used to promote FRRPD.
- I do not want my child's picture to be used to promote FRRPD.

Parent/Guardian Signature

Date

Parent/Guardian Agreement

I have read and understand terms and conditions of Camp Catch a Dream's Registration Packet. I am satisfied with the methods of discipline, education, and activities as set forth in the packet. Should I have questions or concerns now or in the future, I will not hesitate to contact the Director or Assistant Director of FRRPD Children's Services.

Parent/Guardian Signature

Date

If you are planning to send your child/children to FRRPD upcoming FALL and/or WINTER Sessions, please let us know which days you're interested in.

	MON	TUE	WED	THU	FRI
Week #1	JUN-10	JUN-11	JUN-12	JUN-13	JUN-14
Week #2	JUN-17	JUN-18	JUN-19	JUN-20	JUN-21
Week #3	JUN-24	JUN-25	JUN-26	JUN-27	JUN-28
Week #4	JULY-1	JUL-2	JULY-3	JUL-4 NO CAMP	JUL-5
Week #5	JUL-8	JUL-9	JUL-10	JUL-11	JUL-12
Week #6	JUL-15	JUL-16	JUL-17	JUL-18	JUL-19
Week #7	JUL-22	JUL-23	JUL-24	JUL-25	JUL-26
Week #8	JUL-29	JUL-30	JUL-31	AUG-1	AUG-2
Week #9	AUG-5	AUG-6	AUG-7	AUG-8	AUG-9
Extra Days	AUG-12	AUG-13	AUG-14 NO CAMP	AUG-15 NO CAMP	AUG-16 NO CAMP

Camp field trips will be announced on the Summer Registration forms.