



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 #: _____

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 have Valley Oaks, Tribe or other subsidized program ... see V.O. Contract

Initial

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

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

FEBRUARY Session

MON	TUE	WED	THU	FRI
NO CAMP	FEB-19	FEB-20	FEB-21	FEB-22

SPRING Session

MON	TUE	WED	THU	FRI
APR-15	APR-16	APR-17	APR-18	APR-19

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.

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

Consequences of Misbehavior:

I agree with the Consequences of Misbehavior methods as stated in Parent Packet.

I do not agree with the Consequences of Misbehavior methods as stated in Parent Packet.

Electronic Toys/Cell Phone

I agree with the Behavior and Electronic Toy/Cell Phone consequences stated above.

I do not agree with the Behavior and Electronic Toy/Cell Phone consequences stated above.

FRRPD is not responsible for any lost or stolen electronics.

Print Name

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