



### Summer Jr. Rec. Leader Program (JRL)

JRL's Name: \_\_\_\_\_ 2019-2020 Grade: \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any medical conditions that we should be aware of? \_\_\_\_\_

Is the JRL taking any medications while attending camp? \_\_\_\_\_

Does our staff need to administer the medication?      YES      NO

**Two forms are required for prescribed medication to be administered by our supervisor:**

- (1) FRRPD Medicine Administration Form (available at camp)
- (2) Physician's Authorization to Give Medication at School Form (available at your child's doctor's office)

	Parent/Guardian - 1	Parent/Guardian - 2
Name		
Title		
Mailing Address		
City / Zip		
Email		
Call 1st		
Call 2nd		
Call 3rd		

**Emergency Contact if Parent is not available:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

**The Following people have my permission to pick up my child:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate which shift you are attending camp: **8:00-12:00** or **1:00-5:00** @ \$12 for 4-hours  
**Full Day** @ \$24 for 7am-6pm

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WK-1	June 10	June 11	June 12	June 13	June 14
WK-2	June 17	June 18	June 19	June 20	June 21
WK-3	June 24	June 25	June 26	June 27	June 28
WK-4	July 1	July 2	July 3	July 4 NO CAMP	July 5
WK-5	July 8	July 9	July 10	July 11	July 12
WK-6	July 15	July 16	July 17	July 18	July 19
WK-7	July 22	July 23	July 24	July 25	July 26
WK-8	July 29	July 30	July 31	August 1	August 2
WK-9	August 5	August 6	August 7	August 8	August 9
WK-10	August 12	August 13	August 14 NO CAMP	August 15 NO CAMP	August 16 NO CAMP

**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.

**Consequence of Misbehavior:**

I 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 as stated in Parent Packet.

**FRRPD is not responsible for any lost or stolen electronics.**

**Parent/Guardian Agreement**

I have read and understand terms and conditions of the Parent 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 Camp Supervisor or the Director of Children's Services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date