



# Summer Camp

## Registration Form

Office Use Only

Check #:

Date Received:

### How to register your child:

To apply, your child must be between 4 and 7 years old. The policy of Summer Camp is to honor enrollment applications on a "first come/first served" basis. In order to keep student/teacher ratios low, the 9<sup>th</sup> through 11<sup>th</sup> enrollees will be put on a waitlist until enrollment hits 12, which would allow for a second teacher.

Child	
Full Name:	
Date of Birth:	Sex: M F
Mother/Guardian/Parent 1	
Full Name:	Home Phone:
Address:	Cell Phone:
City and Zip:	Email:
Father/Guardian/Parent 2	
Full Name:	Home Phone:
Address:	Cell Phone:
City and Zip:	Email:

Is Your Child Currently Enrolled in RCP or RCS? Yes No
How Did you Hear About Us?

Please Circle The Weeks You Would Like to Enroll Your Child:			
Week 1: July 5 <sup>th</sup> – 9 <sup>th</sup>	Week 2: July 12 <sup>th</sup> – 16 <sup>th</sup>	Week 3: July 19 <sup>th</sup> – 23 <sup>rd</sup>	Week 4: July 26 <sup>h</sup> – 30 <sup>th</sup>

What Are Your Child's Interests?:

I/we consent to \_\_\_\_\_ going to the 2010 Roseville Community School Summer Camp for supervised activities, and agree to release and discharge Roseville Community School Board, directors, officers, and employees, exercising reasonable care within their scope of employment for liability growing out of personal injuries and property damage resulting or occurring during the aforementioned activities. Furthermore, the agency has permission to photograph my child(ren) during these activities for the use of marketing.

Date:	Signature:
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## Authorization for Pick-Up Form:

Child's Name: \_\_\_\_\_

Please list below all individuals who are authorized to pick up your child/children. These individuals may be called in the event of an emergency if the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

Parent/Guardian
Parent 1:
Home Phone:
Cell Phone:
Work Phone:

Parent/Guardian
Parent 2:
Home Phone:
Cell Phone:
Work Phone:

Other
Name:
Relationship:
Home Phone:
Cell Phone:
Work Phone:

Other
Name:
Relationship:
Home Phone:
Cell Phone:
Work Phone:

I do hereby authorize Roseville Community School and RCS Summer Camp to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Roseville Community School and RCS Summer Camp from any and all responsibility for problems that may develop when they leave the premises with the above-mentioned persons.

Date:	Signature:
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## Consent for Medical Treatment:

As the parent, agency representative or legal guardian, I hereby give consent to ROSEVILLE COMMUNITY SCHOOL to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for

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Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Child has the following medication allergies:

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Child has the following food allergies:

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In the event of an emergency, please fill out the following information:

Preferred hospital:  
Insurance Company:  
Policy Number:

Does this child require a car seat?

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Date:

Signature:

Home Address:

Home Phone:

Work Phone:

Cell Phone: