



Summer Program 2015 Registration and Permission Form

June 22nd to July 15th 2015 Mon, Tue & Wed. 11 a.m. to 2 p.m.

Child's Last Name	First Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birth date	Age	Ethnicity
Parent/Guardian Last Name	First Name	Home Phone		Cell/Other Phone		Child's Cell Phone
Parent/Guardian Last Name	First Name	Home Phone		Cell/Other Phone		Child's School
Child's Mailing Address	City	State		Zip Code		

Child Lives With: Both Parents Mother Father Other (please list)

NAME & PHONE # OF THOSE ALLOWED TO PICK UP YOUR CHILD & EMERGENCY CONTACT

Name:	Telephone Number:
Relationship to child:	Alternate Number:
Name:	Telephone Number:
Relationship to child:	Alternate Number:
Doctor's Name & Phone Number:	

Please List ALL ALLERGIES or Special Needs:

Requested Donation of \$35.00 per child pays for, T- Shirt, Food, Arts & Crafts, Pool & more!

- My donation of \$35.00 for my child is enclosed.
- I would like to sponsor a child.
- Enclosed is my donation of \$ _____ to the scholarship fund.
- I need financial assistance to cover the fee.

T-Shirt Size Ch/S(6-8) Ch/M(10-12) Ch/L (14-16)

Sm/Adult Md/Adult Lg/Adult XL/Adult _____ Other

*My child has permission to participate in all activities including swimming in Willits at the city pool and walking field trips. I understand the risks associated with my child participating in these activities and assume responsibility for my child's actions. I authorize Program Staff to seek **emergency medical care** for my child.*

I give permission for photos of my child to be used for media presentations (website, newspaper, etc.)

Yes No

Special Instructions _____

Parent Signature _____ Date _____