



flaglerschools Summer Camp Registration

COMMUNITY Ed.

Grade in Fall

PLEASE PRINT AND COMPLETE ALL INFORMATION ** (SHIRT ISSUED _____) **
CHILD MUST BE 5 YRS OLD BY SEPT 1 TO ENTER CAMP

ONE FORM PER CHILD

STUDENT'S NAME _____ DOB _____ Age _____

FINANCIAL PARENT _____ Relationship _____

Address/City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

*Mandatory Email Address: _____

SECOND PARENT _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

ATTACH ANY SPECIAL MEDICAL INFORMATION OR SPECIAL CUSTODY INFORMATION TO THIS FORM

- **CAMP FEES ARE WEEKLY AND ARE DUE THE MORNING OF THE FIRST DAY YOUR CHILD ATTENDS CAMP. No Daily Rates and NO REFUNDS.**
- As the legal guardian I hereby give my consent for the above named student to participate in any activities during the Summer Camp Program. This is not limited to but includes computer classes. I authorize school personnel to obtain, through a physician of choice, any emergency medical care that may become necessary for the student in the course of these activities. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of these activities.

SIBLINGS (PLEASE PRINT):

Student Name _____ Grade going in to: _____

Student Name _____ Grade going in to: _____

Student Name _____ Grade going in to: _____

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD (PLEASE PRINT)

****MUST BE 18 OR OVER****

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

- I am responsible for keeping all information current, including contact, medical, and custodial.
- I understand that a **LATE FEE** of \$1 per minute, **PER CHILD**, will be charged for pickups after 6pm.
- During the course of the summer, photos are taken of Campers during activities and used to advertise Camp. If you do **NOT** want your child photographed you must send written notice to your child's Site Manager.

****ALL FEES ARE NON-REFUNDABLE****

Financial Parent Signature: _____ **Date** _____

Non-Refundable Registration Fee (\$20.00) \$ _____ Check # _____ (paid by check or money order only)
(Registration fee is \$30 after May 26th)