



# Flagler Schools SUMMER CAMP 2023

JUNE 5 through July 28, 2023  
\$90.00 / week

BES\_\_ RES\_\_ WES\_\_ OKES\_\_ BTES\_\_ Private:\_\_\_

## STUDENT REGISTRATION

|                       |             |                                       |   |
|-----------------------|-------------|---------------------------------------|---|
| STUDENT Last Name:    | First Name: | Middle Initial                        | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F |
| STUDENT HOME ADDRESS: |             | STUDENT DATE OF BIRTH : / /      AGE: |   |

\*SCHOOL ATTENDED 22/23: \_\_\_\_\_ \* GRADE LEVEL 22/23: \_\_\_\_\_  
 \*SCHOOL ATTENDING August 2023: \_\_\_\_\_ \* GRADE LEVEL August 2023: \_\_\_\_\_

STUDENT LIVES WITH:     Both Parents     Mother Only     Father Only     Guardian/Other

Phone Numbers :    Home \_\_\_\_\_    Cell # 1 \_\_\_\_\_    Cell # 2 \_\_\_\_\_

**Parent / Guardian Information #1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Numbers : H: \_\_\_\_\_ C: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Parent / Guardian Information #2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Numbers : H: \_\_\_\_\_ C: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Does your child have any other concerns that we should be aware?

Bee Sting     Food Allergy(which foods)     Skin Disorder     Diabetes     Other: \_\_\_\_\_  
 Asthma     Eye Problems     Heart Condition     Urinary/Bladder Issues     Speech  
 Hay Fever/Seasonal     Ear Problems     Seizures/Convulsions (Epilepsy)     ESE     ESOL

\*Does your child take medicine regularly /daily ?     YES     NO

\*Does your child need RX administered while at Summer Camp?     YES     NO

OTHER than Parent/ Guardian, the following people have my permission to pick up my child : (MUST BE 18 YEARS of AGE)

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
 NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
 NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ SPECIAL CUSTODY INFORMATION: (Please attach copy of Court Order) \_\_\_\_\_

PLEASE CHECK ONE :

\_\_\_\_\_ MANUAL PAY (Check or Money Order Weekly)      \_\_\_\_\_ Auto Pay (Charged to Debit/Credit Card Weekly) \*Card will be charged Automatically on weeks your child attends\*

\$10 Multi-child discount for 2<sup>nd</sup> & 3<sup>rd</sup> child in immediate family home (mother/father/guardian).

**NON-REFUNDABLE \$35.00 Registration Fee is required**