

# PRCVPA SUMMER CAMP REGISTRATION FORM 2019

If you would like to reserve a spot for your child or children in our 2019 Summer Enrichment Camp, please complete this form for each child attending. There is a \$50 registration fee per immediate family due by **April 15, 2019**. 100 camp spots will be filled on a first come first served basis.

PLEASE PRINT:

Child's Name: \_\_\_\_\_ Grade (2019-20): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Current School: \_\_\_\_\_

My child may be released to the person(s) signing this agreement or to the following:  
(A picture ID will be required for anyone other than yourself picking up your child.)

Name: \_\_\_\_\_ Relationship to Parent: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Parent: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Emergency contacts (other than parents/guardian)

#1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any persons NOT allowed to pick up your child: \_\_\_\_\_

My child is currently on medication(s): \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

My child's shirt size is (circle one):    YS    YM    YL    AS    AM    AL

My child will participate in (circle one):    S1    S2    Both sessions Week/s of: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_    Cash    Check    Money Order    Online

Receipt written by: \_\_\_\_\_    Date: \_\_\_\_\_