

	STAFF USE ONLY:	PROGRAM ENROLLED IN:	GRADE ENTERING:	DATE REGISTERED:	STAFF INITIALS:

CAMP REGISTRATION FORM

(IMPORTANT: Please print clearly, all fields are required.)



Child's Full Legal Name _____ Date of Birth: ____/____/____

First Middle Last Nickname

Gender: _____

Name(s) of Custodial Parent(s): _____

Child's Physical Address: _____

Street Address (number, apartment #, street) City State Zip Code

Family Information: This form must be completed by the Parent or Legal Guardian of the child listed above.

Parent's Name: _____ Parent's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Email: _____ Email _____

Emergency Contacts: (must be ***OTHER THAN*** persons listed above)

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street Address (number, apartment #, street) City State

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street Address (number, apartment #, street) City State

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

Medical Information: Please write N/A or No Answer if the field does not apply.

All Known Allergies: _____

Medicines Routinely Taken: _____

Child's Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

Name of Dentist: _____ Phone: _____

Miscellaneous Information: Please write N/A or No Answer if the field does not apply.

List all identifying scars, birthmarks, skin discolorations: _____

List any areas of concern: _____

My child will be picked up at the end of the program.

My child will walk/ride bike home at the end of the program.

Your signature below confirms that:

- The information you have provided on this enrollment form is complete and accurate.
- You have received a copy of the Parent Handbook.
- It is your responsibility to read all documents and the Parent Handbook, which include important program policies and information.
- It is your responsibility to read and understand the Parks & Recreation Summer Camp Refund/Cancellation and Deferred Payment policies.
- You are the Parent or Legal Guardian and have the authority to complete this form.

Signature of Parent/Legal Guardian:

X _____ Date: _____

Summer Camp Policies

Parents/Guardians,

Welcome to 2024 Summer Camp! Below are some important policies and guidelines found in the Summer Camp Parent Handbook. **Please read carefully before initialing, printing and signing your name** in the spaces provided below. If you have any questions, please don't hesitate to ask.

• **DEFERRED PAYMENTS:**

- **If using the deferred payment option, it is the responsibility of the parent/guardian to make the payments online or in person by the due date.** A payment schedule is provided in the Handbook. All weekly payments are due two weeks before the selected camp begins. Parents are welcome to make payments in advance to stay on schedule; the camp balance is always on the household account. Initial _____ Initial _____
- **Payments not received by the designated due date will result in a \$10 late fee.**
- ***If the balance has not been paid by the drop date outlined in the Parent Handbook and the parents do not contact the office about the camp week, the child's spot will be released and the down payment will be forfeited.*** Initial _____

- **REFUNDS:** All refund requests must be made in writing **10 days** prior to the start of camp week requested. No refunds will be issued after the program begins except for medical reasons. Initial _____
If approved, refunds may be issued minus a 50% administrative fee, per participant, per request.

- **LATE PICK UP FEES:** If your child is not picked up on time, a late fee will be charged as outlined in the Parent Handbook. Initial _____

- **ACCURACY:** It is the responsibility of the parent/guardian to ensure that the child's Enrollment Record and emergency contact information are accurate and remain up to date. Initial _____

- **TEXT MESSAGE & EMAIL COMMUNICATION:** Text and email are the primary forms of communication from staff. By providing your email, mobile number and carrier below, you agree to receive notifications from our Recreation System and the Remind App about program changes, payments and other relevant information pertaining to activities in which you are enrolled. Message and data rates may apply. Initial _____

Print Name: _____ Date: _____

Signature: _____

Email Address: _____

Mobile Number: _____ Carrier: _____
(Required for Text Messaging)

Please read through the Parent Handbook for additional important camp information and policies.

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City of Dunedin Parks & Recreation Department Summer Camp Sunscreen/Insect Repellent Policy

It is strongly recommended that parents apply sunscreen to their child each morning. Children should bring additional sunscreen (labeled) to apply throughout the day. When necessary, Staff will assist with the application of sunscreen/insect repellent spray. Should parents request that sunscreen/insect repellent be applied, please complete the below form that grants staff permission to assist with application. Hats/UV protective clothing are also recommended for outside activities.

Child's Name _____

As the parent or guardian of the above child, I give permission for staff to apply sunscreen/insect repellent product on my child, as specified below, when they will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

Additionally, I have checked and indicated my directives regarding the type and application of sunscreen:

Staff may use the sunscreen/repellent that I am providing with this form:
Sunscreen _____ SPF _____ Repellent _____

In the event that my provided sunscreen/repellent is not available, I give permission to use any available product.

Please do not apply sunscreen to the following areas of my child's body:

Application Instructions: As Needed Specific Times:

Parent Signature _____ Date ____ / ____ / ____