

Doc's Summer Day Camp Application/Registration

Name of child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Age \_\_\_\_\_ Last grade completed (2017/2018 school year) \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
Mother's name \_\_\_\_\_ Work phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Employer \_\_\_\_\_  
Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Employer \_\_\_\_\_  
Other emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

\*Children will not be released to any other person/s not listed above without written parental consent.

Important medical/Allergy information \_\_\_\_\_

Medication list and dosage \_\_\_\_\_

Will your child need medication administered during Day Camp hours? List medication and dosage schedule. \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Person responsible \_\_\_\_\_  
Group # \_\_\_\_\_ ID# \_\_\_\_\_ Phone # \_\_\_\_\_

I would like to enroll my child in your \_\_\_\_\_ full time Summer Day Camp \$165 p/week  
\_\_\_\_\_ Part time (less than 4 days per week) \$45 p/day \* must be same days (circle) M T W T F  
\_\_\_\_\_ Part time (less than 8 weeks) \$180 p/week Please indicate which week (s) your child  
will be participating. \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Vacation/Absent \_\_\_\_\_

Daily Drop off time \_\_\_\_\_ Daily Pick up time \_\_\_\_\_

\*10% discount will be given for each sibling after the first.

\*5% discount if entire summer paid before or during the first week of camp.

\*Weekly payments are due Mondays each week

**A one time registration fee of \$20 is due at the time application is submitted. We will be charging a \$15 per week field trip fee to be paid on your first day of camp or included in each week's payment.**

Payments can be made with check, cash, or credit card.

I agree by signing below to allow my child to participate in all activities and field trips provided by Doc's Summer Day Camp. I also give my permission to have my child treated by a medical facility and/or doctor in the event of an emergency. I also agree to not hold liable Doc's Family Fun Center and/or employees for injury/incident occurring while in care of the facility and/or employees. I understand to cancel my agreement I must submit a written letter of cancellation 5 days prior to ending my agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Email: \_\_\_\_\_ T-shirt size: \_\_\_\_\_