

MT SEPA CAMP REGISTRATION FORM

CHILD'S NAME _____ **DOB** _____ **M** _____ **F** _____
PLEASE PRINT (last) (first)

Address _____ **Phone #** () _____

Is your child classified? Yes _____ No _____

Has your child ever attended Mt. SEPA before? Yes _____ No _____

If your child is not classified, please check and explain one of the following

***Medical Allergies** _____

***Physical Limitations** _____

***Resource Room Help** _____

***504 Plan** _____

***Does your child receive speech/language therapy during the regular school year? If yes, times per week?** _____

***Is this Camper a sibling of a classified Camper** _____?

Grade entering in September 2008 _____ **Will camper(s) ride the bus?** Yes _____ No _____
(Pick at Recreation Center 8:40AM Drop off at Recreation Center 2:40PM)

Mother's name _____ **Father's name** _____
(Last) (First) (Last) (First)

Home Phone # () _____ **Home phone #** () _____

Work # () _____ **Work #** () _____

Cell # () _____ **Cell #** () _____

EMERGENCY INFORMATION (Must be filled out)

In case of emergency contact _____

Phone # () _____ (Other than your home number please)

Relationship _____

CONFIDENTIAL: My child(ren) may NEVER be released to _____

Over

PLEASE CHECK THE APPROPRIATE PLACE REGARDING CHILD'S SWIMMING ABILITY

- | | |
|---|---|
| <input type="checkbox"/> Terrified of water (has to be bribed to take a bath) | <input type="checkbox"/> Enjoys playing in water |
| <input type="checkbox"/> Likes to be held in water | <input type="checkbox"/> Holds on to side of pool for dear life |
| <input type="checkbox"/> Can doggie paddle | <input type="checkbox"/> Beginner |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Future Olympian |

CAMP FEES ARE \$55.00 which includes camp shirt

PLEASE CIRCLE SHIRT SIZE - BE SURE YOU INDICATE CHILD OR ADULT

- | | | | | |
|---------------------|-------------|----------------|---------------|-------------|
| <u>CHILD</u> | small (6-8) | medium (10-12) | large (14-16) | |
| <u>ADULT</u> | small | medium | large | X-tra large |

PERMISSION SLIP

I GIVE MY PERMISSION FOR MY CHILD _____
(Child's name)

TO ATTEND ALL MT. SEPA FUNCTIONS AND TRIPS.

Parent or guardian signature _____

Date _____

_____ I give permission for my child _____ to have their picture published.

_____ I do not want my child's picture published at any time.

Parent or guardian signature _____

Date _____

