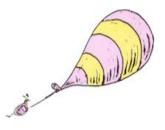


"<u>Oh, The Places You'll Go</u>" Chaires Summer Fun Camp Summer Registration Form



4774 Chaires Cross Road Tallahassee, FL 32317

Camp/School Site:	Chaires	T-Shirt S	Size: CS CM CL AS AM AL AXL
Students Name:			(Please Circle One)
Age: Wt:	DOB	Grade Entering:	School:
Mother's Name:		Work #:	Ext:

Street Address:	Home #:	Cell:	
Mailing Address:	Driver's License #		
Mother's S.S.#:	Primary Custodial Parent? Yes No_		

Father's Name:	Work #:	Ext:	
Street Address:	Home #:	Cell:	
Mailing Address:	Driver's License #	Driver's License #	
Father's S.S.#:	Primary Custodial P	Primary Custodial Parent? Yes No	

My child will be attending camp at this location during the following weeks and dates: If your child will not attend all days during the week please indicate the days your child **will be here** by writing M, T, W, R, or F.

Week 1 (6/3-6/5):	Week 2 (6/8-6/12):	Week 3 (6/15-6/19):
Week 4 (6/22-6/26):	Week 5 MTW **(6/29-7/1):_	Week 6 (7/6-7/10):
Week 7 (7/13-7/17):	Week 8 (7/20-7/24):	Week 9 (7/27-7/31):
Week 10 (8/3-8/7):	**Holidays Thursday and	Friday, July 2 nd & 3 rd , 2015.

The following individuals are allowed to pick up this student in addition to Mom or Dad. These individuals may also be called in the event of an emergency.

Name:	Relationship:	Day Phone:
Name:	Relationship:	Day Phone:
Name:	Relationship:	Day Phone:

Medical Information (Check all that apply):

- ____ My child attends or is registered for public school next year.
- ____ My child attends a private school and I have provided a copy of my child's immunization records to the camp.
- My child lives out of Tallahassee during the school year and I have provided a copy of my child's immunization records to the camp.
- ____ My child is staffed exceptional. Please state exceptionality:_____

____ My child is currently taking the following medications:

List any allergies or limitations your child may have:_____



Swimming Permission

Oh the places you'll go, Today is your day! Your mountain is waiting, So ...get on your way!

My child has permission to participate in swimming activities with the Chaires Summer Fun Camp.

Please check:

- ____ My child is afraid of water.
- ____ My child is not afraid of water and can not swim.
- My child should swim only when wearing a personal flotation device.*
- ____ My child can not swim.
- ____ My child has some swimming skills.
- ____ My child has had many years of swimming lessons.

____ Other, please explain:______

* Only a Coast Guard approved life vest may be worn; Jack Mc Lean Pool provides PFDs.

** Children are evaluated at their first pool visit to their level of swimming.

Parent Signature:_____

Transportation Permission

I understand that all field trips provided during summer camp hours are taken on Leon County School buses or Tour buses. My child has permission to ride a Leon County School bus when I have been informed of the schedule of trips to be taken (at time of registration).

Parent Signature:

Photo Release

I understand that the Chaires Extended Day Program often uses photos of children who attend Summer Camp Programs for displays, articles, and promotion. I also understand that many times children participate in Video Production and Photography classes that involve productions of "photographs". *Please note: Photo Fun Booth pictures will be taken for personal use only.

It is my decision that Chaires Extended Day Enrichment Program **may/ may not use** (circle one) my child's photograph in any such activity as those listed above.

Parent Signature:_____

Policy Acknowledgment

I have read and fully understand the policies outlined in the Policy Statement and Parent Letter of the Chaires Extended Day Summer Enrichment Camp.

Parent Signature:

_Date:_____