



"Oh, The Places You'll Go" Chaires Summer Fun Camp

Summer Registration Form

4774 Chaires Cross Road
Tallahassee, FL 32317



Camp/School Site: Chaires T-Shirt 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 #: _____
Father's S.S.#: _____ 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 2nd & 3rd, 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

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

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

--Dr. Seuss

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: _____