

Hartsfield Elementary School

SUMMER CAMP REGISTRATION FORM

Child's Name: _____ **Shirt Size** _____
Age: ___ **DOB** ___ / ___ / ___ **Grade Entering:** ___ **School:** _____
Address: _____ **Zip:** _____ **Home #** _____
Parent/Guardian: _____ **Work#** _____
Cell/Beeper # _____ **DL#** _____
Parent/Guardian: _____ **Work#** _____
Cell/Beeper # _____ **DL #** _____
Doctor's Name: _____ **Phone #** _____

My child will be attending Hartsfield Summer Camp during the following weeks and dates:

| | |
|----------------------------------|--------------------------------------|
| Week 1 (June 11-15) _____ | Week 5 (July 9-13) _____ |
| Week 2 (June 18-22) _____ | Week 6 (July 16-20) _____ |
| Week 3 (June 25-29) _____ | Week 7 (July 23-27) _____ |
| Week 4 (July 2-6) _____ | Week 8 (July 30- Aug 3) _____ |

The following individuals are allowed to pick up this camper. These individuals may be called in the event of an emergency.

Name: _____ **Relationship** _____ **Day #** _____

Name: _____ **Relationship** _____ **Day #** _____

MEDICAL INFORMATION (Check all of those that apply)

- My child attends or is registered for public school next year.**
- My child attends a private school and I have provided camp with a copy of my child's immunization records.**
- My child lives outside of Leon County during the school year and I have provided Hartsfield Summer Camp with a copy of my child's immunization records.**
- My child is currently taking the following medication:**

List any allergies or limitations your child may have: _____

SWIMMING PERMISSION

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

Parent Signature: _____ **Date:** _____

TRANSPORTION PERMISSION

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

Parent Signature: _____ **Date:** _____

MOVIE PERMISSION

I understand PG rated movies will be shown during summer camp. My child has permission to watch PG rated movies.

Parent Signature: _____ **Date:** _____

PHOTO RELEASE

I understand Hartsfield sometimes use photos of children who attend Summer Camp for displays, articles, and promotions. Hartsfield has my permission to use my child's photograph.

Parent Signature: _____ **Date:** _____

POLICY ACKNOWLEDGEMENT

I have read and fully understand the policies in the Policy Statement of the Hartsfield Summer Camp.

Parent Signature: _____ **Date:** _____

The fees for summer camp are designed to cover the cost of staffing, materials, supplies, some field trip entrance fees, bus costs, t-shirts, and use of school facilities.

In completing the registration for my child, I understand and agree that:

1. The registration and weekly fees are non-refundable.
2. The registration fee must be paid at the time of registration to reserve a space at camp.
3. I will be responsible for the weekly camp fee on Mondays of each week that my child is registered.
4. I will be assessed a \$10.00 late payment fee for camp fees paid after 6:00 p.m. on Mondays.
5. The camp will not offer a daily rate or partial week payments except for the week of July 2nd. The payment for that week will be \$88.00.
6. I will be responsible for payment anytime I am late picking up my child from camp as outlined in the Policy Statement.
7. *I am responsible for the full payment of all the weeks checked on the registration from,*
8. I understand that I may only add weeks to this registration if space permits.

I have read the above payment contract and agree to all the payment requirements for the summer camp program.

Date Parent or Guardian Camp Director

Date Parent or Guardian

***Both parties responsible for fees and attendance for the child must sign the form. One signature only indicates the person who signed is fully responsible regardless of the second parent/guardian status.**