



2019 Camp Registration Form Infant - Preschool

Licensed through the New York State
Office of Children & Family Services



Office of Children
and Family Services

Child's Date of Birth: ___/___/___ Sex: Male Female

For office use only	NON-REFUNDABLE Registration Fee	
<input type="checkbox"/> Forms Booklet	\$15 per child	
<input type="checkbox"/> Blue Card		
<input type="checkbox"/> Medical/IMM	pd	chd
Age at Start of Session: ___ yrs ___ mos		
Date Child Will Begin Classes ___/___/___		
Placement _____		

Child's Name: _____
Last Name First Name Middle Name

Address: _____
Number and Street

City State Zip Code Home/Primary Phone

Allergies/Dietary Restrictions or Special Needs: _____ None/Unknown

Parent/Guardian: _____
Name Mobile Phone Daytime Phone

Email: _____

Parent/Guardian: _____
Name Mobile Phone Daytime Phone

Email: _____

Two Names for Emergency Contact (OTHER THAN PARENT OR GUARDIAN):

Name: _____ Day Phone: _____ Mobile Phone: _____

Name: _____ Day Phone: _____ Mobile Phone: _____

- Mon - Fri (5 days)
- Mon, Wed, Fri (3 days)
- Tues, Thurs (2 days)
- Regular Day: 8:30 am - 3:30 pm
- Extended Day: 6:30 am - 5:30 pm

I would like to enroll my child for the following weeks:

<input type="checkbox"/> Week 1: July 1 - July 5 (CLOSED THURSDAY 7/4)	<input type="checkbox"/> Week 5: July 29 - August 2
<input type="checkbox"/> Week 2: July 8 - July 12	<input type="checkbox"/> Week 6: August 5 - August 9
<input type="checkbox"/> Week 3: July 15 - July 19	<input type="checkbox"/> Week 7: August 12 - August 16
<input type="checkbox"/> Week 4: July 22 - July 26	<input type="checkbox"/> Week 8: August 19 - August 23
	<input type="checkbox"/> Week 9: August 26 - August 30

I give my child, _____ — who is at least 3 feet tall **AND** potty-trained — permission to use the pool.

Signature of Parent/Guardian Printed Name Date

Tuition is due the Monday of each week. No refunds will be given. Any changes or cancellations must be made in writing and submitted to the RECC Office at least two weeks in advance. **This registration form is a binding contract.**

I hereby consent to have my child treated by a physician or emergency medical professional for medical or surgical care should an emergency arise. Every effort will be made to have a staff person accompany a child in case transport by ambulance is necessary. I understand every effort will also be made to contact the child's parent(s)/guardian(s) before such action is taken.

Signature of Parent/Guardian Printed Name Date

This registration form must be accompanied by a non-refundable \$15/child registration fee. Please email or drop off this form at the address below.

For Office Use Only: Last Name, First Name