** GREENWOOD FOREST CHILDREN'S CENTER**

 **SUMMER CAMP REGISTRATION**

 SUMMER

CAMP **RUMBLE IN THE JUNGLE**

 **Monday-Friday, 9:00-1:00.**

 **Snack is provided. Bring a lunch**.

**Campers must have finished the 3’s, 4’s, or TK program.**

**Non-GFCC kids are welcome.**

**Camp will be two weeks of the same camp program. You may choose which week you would like your child to attend.**

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**June 17-21, 2019 June 24-28, 2019**

 **Cost is $160.00 for the week. (Payable to GFCC at time of registration.)**

-----For absentee notice, 50% refunded if notice turned in by June 10.

 ------No refund, if notice is later than June 10.

*Only one form needed per camper registered.*

Child's Name Name s/he uses

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip

Home Phone Cell # Mom Cell # Dad

E-Mail

 Birthday Age Male Female

Mother's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone (work)

Father's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work)

Brother(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Sister(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_

One contact when parents are not at home:

 Phone Cell

Does your child have food allergies?

Dietary restrictions (religious, cultural, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any other allergies or medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**( Any critical medications, such as Epi-pens, will need to accompany the camper each day they come to camp. These medications should be given to the teacher upon arrival. Any medications that could possibly need to be dispensed on the school facility will need parental permission by filling out a medication waiver and permission form from the office. )**

In the event of an emergency, my initials are my written consent for the school to secure immediate attention for my child, by a qualified physician or EMT, should I not be available.

Signature Date

I give permission for to be included in group photos taken at school or on field trips to be used on our web site & literature, for the purpose of promoting the Greenwood Forest Children's Center programs, or to decorate our school bulletin boards. No names or other identification will be shown.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Date