

## ACRA SUMMER PROGRAM 2013 REGISTRATION

Please check situation that applies

 $\square Resident \quad \square Grandchild/Guest (guest must be staying two consecutive nights) \quad \square Staff$ 

1. Child's Information		
Last Name:		
First Name:		
Date of Birth:		
Age Range:		
$\Box$ Core (entering 1st grade through entering 8th grade)		
$\Box$ Preschool (3 yrs. old & potty trained through entering K)		
Health Concerns (including allergies). See also Health Appraisal Form.		
$\Box$ No $\Box$ Yes (please list)		
Weeks attending:		
□ All weeks	□ July 8 - 12	
□ June 24 - 28	□ July 15 - 19	
□ July 1 - 5	□ July 22 - 26	
Additional Activities (check if interested):		
□ Music Program □ Adventure Games	□ Summer Theater (if available)	
2. Parent/Legal Guardian's Information		
Mother's Last Name:		
Mother's First Name:		
Mother's Phone (home)	(mobile)	
Mother's e-mail:		
Father's Last Name:		
Father's first Name:		

Father's Phone: (home)

(mobile)

Father's e-mail:

Emergency Phone Number:

Child's Full Home Address:

Secondary Address. Please specify whose address it is.

Other people authorized to pick up child. Please advise upon dropping off when someone else than you will pick up child that particular day.

 $\Box$  None

□ Babysitter. Name:

□ Other. Name and relationship:

□ Can walk home alone (must be at least 10 years old)

## 3. Donation & Fees

**Donation.** ACRA runs on volunteer efforts and contributions. The summer program costs \$215 per child. Your donation will help us make a special summer for your child.

□ \$ 215.00

 $\Box$  Other. \$

Snack fees:

□ \$ 15.00/child

□ \$ 30.00/family

 $\Box$  I will provide snack the entire camp for one day (see My Dang to coordinate)

*Special Activities/Events Fee:* This fee will cover all special activities, visiting events, and field trips. No money will be collected for individual trips or events this year.

\$

 $\square$  \$ 25 per child

Total enclosed. Please make payable checks to ACRA.

## 4. Permission to participate in the ACRA Summer Program

In consideration for ACRA permitting the herein named child to participate in ACRA activities, I hereby release the Arden Community Recreation Association, its officers, employees, or any person assisting in the ACRA program, either paid or volunteer, from any liability by reason of death or injury to the above named child or children, whether said death results from the negligence or otherwise of ACRA, its officers, employees, or any person assisting in the ACRA program, either paid or volunteer. I have read, understand and accept the 2013 ACRA Summer Program Policies.

Signature of Parent/Legal Guardian

Date

A separate permission slip is required for field trips.

Important: Electronic games or cell phone use will not be permitted at ACRA.

Please be aware that there is no secure storage available for campers to use.