20	20 Summer	^r Camp Reg	jistrat		1st-5th 6th-8th		
Child Information	Pleas	e Print Neatly	Summe	er Reading Progran		ays: Yes	/ No
Nome		Data	of Distle			Male	
Name:	Date of Birth:			_	Female		
School:	circle one:	<u>Gr</u> ade Entering	g:		Age:		
Authorized to walk home?		lf yes, what	time?		Initial :		
Family Information:				_			
Mother/Guardian Name:				Authorized Pick	-Up: Yes	/ N	0
Address:		City	/:		Zip:		
Home #:	Cell #:			Work:			
Father/Guardian Nam <u>e:</u>				Authorized Pick	-Up: Yes	/ No)
Address:		City	/:		Zip:		
Home #:	Cell #:			Work:			
CURRENT EMAIL ADDRESS:							
Emergency Contacts:	**other than listed	d above			Autho	rized Pi	ick-Up
Name:	Relations	ship		Phone #		Yes	/ No
Name:	Relationship			Phone #		Yes /	/ No
Name:	Relations	ship		Phone #		Yes /	/ No
Medical Information							
1. Does your child have any allergies? Yes (Explain) / No							
2.Will your child be taking any		diaction at comp	2 Vaa	(ovolain) / No			
Name of Medication:	presiciption med	•		(explain) / No	Time ta	kon [.]	
Name of Medication: Dosage of Medicine: Time taken: Parent Signature of consent to dispense above medication: Time taken: Time taken:							
3. Are there any activities your	child will not be	allowed to parti	cipate ir	n? Yes (Explain) / No		
4. Comments: Please include any information you feel might be helpful.							
	-						
Waiver/Permisson	By signing the belo	-	-				
 In case of Emergency and parents cannot be be reached, and Emergency Care is required, 911 Emergency System will be activated. Cos 	the Winter Park Fire De	partment/Rescue servi	ces will be c	alled. In case of Emerg			
2. I agree, by signing this form, that in the event of injury, disabillity, or incurred disease of a temporary or permanent nature while participating with the above group in any such activities, I hereby do release and hold harmless, The City of Winter Park and all persons or associations affiliated with this program, from liability and damage by reason of said accident, injury or disease.							
3. I do consent to the above named child, riding in the City of Winter Park vehicles and do release and hold harmless the City of Winter Park, Parks and Recreation Department, an any and all Clubs, Organizations an Associations from Liability and Damage by reason of any accident to the child while he/she is in the process of being transported to or from any activity in or out of the City of Winter Park. 4. I hereby authorize the City of Winter Park to use my childs photo in marketing items or promotion.							
4. Thereby authorize the City of winter Park to	use my childs photo in	markeung tems or pror					
Parent/Guardian Signature:				Date) :		

Parent/Guardian Signature:

<u>Grades</u>

2020 SUMMER CAMP REGISTRATION WORKSHEET

Child's Name:		Grade Entering:			
Intial each week you are entering lottory for					
	Week 1	6/8-6/12			
	Week 2	6/15-6/19			
	Week 3	6/22-6/26			
	Week 4	6/29-7/3			
	Week 5	7/6-7/10			
	Week 6	7/13-7/17			
	Week 7	7/20-7/24			
	Week 8	7/27-7/31			
	Week 9	8/3-8/7			
If appyling for a reduced r		hilds' school letter stating that they receive free or reduced lunch for this past year*			
l agree tl	nat my initials above indicate th	e weeks my child is entering the lottery for camp.			
		ee to pay the remaining balance due for my child.			
Parent/Guardian Signature					
\$2	5 per child registration fee p	er child due prior to first day of camp.			

Elementary Residents(1st-5th) fee per week	Middle School 6-8th grade Residents fee per week
\$85 per child	\$60 per child
\$60 for each additional child	\$40 for each additional child
\$20 Free Lunch rate per child***	\$35 Free Lunch rate per child***
\$30 Reduced Lunch rate per child***	\$35 Reduced Lunch rate per child***