

Stowaways (Tot Lot)

Ages potty trained-6 years
Registration \$5 a day or \$20 week if parents volunteer all 5 days
8:30am-3:00pm (M-Th)
12:45- 7:00 pm

Name of Child _____ Age _____

Date of Birth: ____/____/____

Days Attending (check one) Monday _____ Tuesday _____ Wednesday _____ Thursday _____

I understand that there is a cost of \$5 per day per attending child unless I am a volunteer for all 5 days of camp, the cost is then \$20 for the week.

Allergies/Medications _____

SPECIAL INFORMATION ABOUT YOUR CHILD THAT MIGHT HELP STAFF

IN CAMP PARENT/ GUARDIAN INFORMATION

Last Name _____ First Name _____

Address _____

City _____, State _____ Zip _____

Phone _____ Email _____

Parent Role at day camp _____

Secondary Contact Person:

Last Name _____ First Name _____

Relationship _____ Phone _____

Email _____

PERMISSION: Relationship to Participant Parent _____ Guardian _____

I certify that the above information is correct and authorize the Applicant to fully participate in Tot Lot activities. All fees non-refundable.

I will be at camp the entire time my son/daughter is present in the Tot Lot Program. I understand I am not allowed to bring anyone else's child. I understand that I must provide an Annual Medical Record with Parts A & B completed and a copy of the child's medical insurance card.

Parent/Guardian Signature _____ Date _____