



Ages 2yr-12yrs and potty-trained

Registration \$5 a day

Lompoc___ or Santa Maria___ Check one.

Name of Child_____ Age_____

Date of Birth: ___/___/___

Days Attending: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

I understand that there is a cost of \$5 per day per attending child and I am a volunteer for all 5 days of camp, the cost is then \$25 for the whole camp.

Allergies/Medications_____

SPECIAL INFORMATION ABOUT YOUR CHILD THAT MIGHT HELP STAFF

IN-CAMP PARENT INFORMATION

Last Name_____ First Name_____

Address_____ City_____

Zip_____

Phone_____

Email_____

Parent Role at day camp_____

Secondary Contact Person:

Last Name_____ First Name_____

Phone_____

Email_____

PERMISSION: Relationship to Participant Parent_____ Guardian_____

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

I will be at camp the entire time my son/daughter is present in the Sibling 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.

Los Padres Council

Boy Scouts of America

Parent/Guardian Signature _____ Date _____