



Camp Read-A-Lot

2015 Summer Camp Registration and Information Form

Please complete one form per child

Check Week(s) of Attendance:

Week 1 - June 22-26
(entering K- finishing 3rd grade)

Week 2 - July 27-31
(entering K- finishing 3rd grade)

Child's Name: _____ Birthdate: ____/____/____ Age/Grade Entering _____

Child T-Shirt Size: Small (6-8) Medium (10-12) Large (14-16)

Adult T-Shirt Size: Adult Small Adult Medium Adult Large Adult X-Large

Parent / Guardian Name: _____ Email: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Mom (cell): _____ Dad (cell): _____

PAYMENT: Full payment is due at time of registration. Please call **833-ABCD (2223)** if you wish to pay by phone.

Check: Money Order: Visa: MasterCard Discover

\$179 per week

Credit Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Cancellation Policy: If you cancel 14 days or less before the camp starts, Reading NOW will be keep \$25 of your registration fee for administrative fees. If classes have begun, no refund will be issued.

Please list any person(s) authorized to pick up your child:

- 1) Name: _____ Relationship: _____
- 2) Name: _____ Relationship: _____
- 3) Name: _____ Relationship: _____
- 4) Name: _____ Relationship: _____

Medical Treatment Authorization

Reading NOW program officials will not dispense over-the-counter (OTC) or prescription medications to participants. Participants will be allowed to possess and take OTC and prescription medications on their own if permission is granted in writing by the parent(s)/guardian(s). Both OTC and prescription medications must be in their original containers and listed under medications. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff at the Erie hospitals to perform any necessary emergency treatment.

Parent / Guardian Signature: _____

Medical Information:

Physical conditions that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illness, etc.): _____

Food Allergies: _____

Parent / Guardian Signature: _____ Date: _____

Additionally, we may take photographs or take brief video to promote our Camp Read-A-Lot program. May we use your child in our materials? Yes No

Parent / Guardian Signature: _____ Date: _____

MAIL COMPLETED FORM WITH PAYMENT to:
Reading NOW, Attn: Camp Registration * 3910 Caughey Road, Suite 120 * Erie, PA * 16506