



Camp Read-A-Lot

2010 Summer Camp Registration and Information Form

Please complete one form per child

Check Week(s) of Attendance:

- Week 1** - Jun 28 - Jul 2
(entering K- 2nd grade)
- Week 2** - July 19 - 23
(entering K- 2nd grade)
- Week 3** - Aug 2 - Aug 6
(entering 3rd - 5th)

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

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 **\$169 per week**

Credit Card Number: _____ Exp. Date: _____

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

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