



# 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: \_\_\_\_\_

**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