

Staff Use Only:		
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Shot Record	<input type="checkbox"/> Signed Payment Contract
<input type="checkbox"/> Enrollment List	<input type="checkbox"/> Data Entry	<input type="checkbox"/> All copies made
<input type="checkbox"/> SYPF Entry		

GROUP: 5/6 7/8 9-11 LEADERS(12-15) BEFORE AFTER BOTH

2024 Summer Day Camp ~ June 3rd - July 19th

NO CAMP THURSDAY, JULY 4th OR FRIDAY, JULY 5th

Camper's Name:		DOB:	Age:
Address:		City:	Zip:
Gender: M F	Race:	Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent / Guardian Name (1):		Cell Ph:	
Employment:		Work Ph:	
Parent Email:			
Parent / Guardian Name (2):		Cell Ph:	
Employment:		Work Ph:	
Camper lives with: <input type="checkbox"/> Single Parent (Mom) <input type="checkbox"/> Single Parent (Dad) <input type="checkbox"/> Two Parents			
<input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other			
Current School Name:		Grade for 2024-2025:	
Lunch Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full Price		Primary Language:	
Camper's Shirt Size: Youth Size: _____ OR Adult Size: _____		IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Release Form

The following people listed below are allowed to pick up _____ :
(Name of child)

(Your child must be signed in/out daily)

Please remind people picking up your child that we WILL ask for ID.

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anyone not listed above will not be able to pick up your child without previous notification to the camp director.

Mary Rigg Neighborhood Center Medical Release Form

RELEASE OF LIABILITY TO DISPENSE MEDICATION

_____ I hereby request that the medication(s) listed below be administered to my child during their attendance at Mary Rigg Neighborhood Center (MRNC), and I agree to hold harmless MRNC and its employees and agents from and against any injury (including death) to my child which may occur from the administration of such medication.

All medications must be in original container with child's name clearly printed on it

	Medication #1	Medication #2
Name of Medication		
Prescribing Physician		
Physician Phone Number		
Prescription Number		
Dosage		
Time to Dispense		
Date to Begin Medication		
Date to End Medication		

To better support your child's learning, social, physical, and emotional development, please check all that apply.

My child has the following:

- Allergies/Special Diet _____
- IEP/504 Plan _____
- Diagnosed Learning Disability/Special Needs _____
- Medical Condition _____
- Other: (please list any relevant mental/behavioral health information here) : _____

EMERGENCY CONTACT INFORMATION

_____ If parent/guardian is not available in an emergency please notify: We will require ID.

1. _____ Relation: _____ Phone: _____
2. _____ Relation: _____ Phone: _____

In the event my child _____ is injured, I authorize the center's Director or an authorized representative to secure first aid for my child or take my child to the hospital with the understanding that any financial responsibility is the obligation of the parents and not of MRNC. I hereby waive any right of action against MRNC's staff or the agency for recovery of damages, in case my child is injured in a program or in route to or from a camp event.

RELEASE OF LIABILITY FOR EXCURSIONS

_____ I hereby give permission for my child to attend all fieldtrips offered as part of this program. I agree to hold harmless MRNC, their agents, employees, and volunteers from any and all liability arising from such activities, including any accident or injury to the camper and the cost of medical service.

Signature of Parent/Guardian: _____ Date: _____