

<b>For Office Use Only</b>				
Check # _____	Amount _____			
T-Shirt _____	S	M	L	XL

There is a non-refundable family registration fee of \$45.00. This registration fee is due at the time of registration and is payable to DMUSD. This includes one camp T-shirt.

### Del Mar Union School District Summer Day Camp Registration / Emergency Information

Child's Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Sex: \_\_\_M \_\_\_F Grade in fall \_\_\_\_\_

First Name \_\_\_\_\_ Sex: \_\_\_M \_\_\_F Grade in fall \_\_\_\_\_

Home Phone \_\_\_\_\_ email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Phone (Cell/Pager) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Phone (Cell/Pager) \_\_\_\_\_

Child resides with: \_\_\_\_\_

Emergency Phone Numbers (must be filled out completely)

*Please list the name and phone number of persons (**other than parents**) authorized to take your child from the site. The persons listed below will also be contacted if the parents cannot be reached in the event of an emergency, illness, disaster, late pick up, etc.*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

*Note: You must provide your child's doctor with written permission to treat your child in the event of an accident or illness. This written permission must be on file with your child's doctor prior to treatment.*

Does your child take medication:  No  Yes (Describe) \_\_\_\_\_

*Please refer to the parent handbook for information on the administration of medication.*

Does your child have any physical limitations?  No  Yes

(Describe) \_\_\_\_\_

Do you give permission for your child to be photographed for district website/media?  No  Yes

Does your child have any allergies?  No  Yes Please List: \_\_\_\_\_

Please list any other information you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We, (I) agree to inform the Del Mar Union School District Summer Day Camp Program in writing of any changes in the information that we have provided on this sheet. We, (I) agree to comply with all the policies of the Summer Day Camp Program. I have received and have read a copy of the policies for the Del Mar Union School District Summer Day Camp Program. I have provided my child's physician with written permission to treat my child in the event of an accident or illness.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_