



Davis Elementary Connections Summer Camp 2022 Registration Form

Date of Enrollment: _____

Aspire # (Lunch #) _____

Which week would you like to attend?

- Week 1 \$25.00
- Week 2 \$25.00
- Week 3 \$25.00
- Week 4 \$25.00

Student Information:

Student Name: _____

Address: _____

Birthdate: _____ Female/Male

Student lives with: _____

Parent/Guardian Information:

Mother Father

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Best way to contact:

Home Work Cell Email

Parent/Guardian Information:

Mother Father

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Best way to contact:

Home Work Cell Email

Student Health and Care:

Health Concerns:

Circle all that apply:

No Health Concerns

Asthma

Diabetes

Physical Impairment

Seizures

Heart Problems

Visual Impairments

Hearing Impairments

Other: _____

Allergies:

Food: _____

Medications: _____

Others: _____

List any additional health problems or special instruction you feel we need to be aware of:

Departure Options:

- Child can walk home alone after program.
- Child can walk home with an older sibling after program.
- Other adult will pick up your child. (Name must appear in authorized to pick up section)
- Parent will pick up child.

Authorized to Pick Up/ Emergency Contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

Other siblings in the program:

1. Name: _____

2. Name: _____

3. Name: _____

Parent Signature: _____

Date: _____