

# JUST FOR FUN REGISTRATION FORM



KIDS  
DAY CAMPS

## GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F

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Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F

Parent/Guardian First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Child Care Provider: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are there any specific limitations we need to be aware of (e.g. allergies, medications, disabilities, asthma, behaviors, etc.)?

Please Note: This is a drop-in recreation program, so children are free to come and go. If your child wishes to go home or not participate in the program, please indicate if you would like him/her to notify you before leaving the program (you and your child need to establish this procedure). Children are allowed to use the phone to call home.

- Please have him/her call before coming home & make sure someone is home (if no one home, we will call emergency contact to see what to do).
- My child can leave without calling.
- My child may go home with the following authorized adult guardian: \_\_\_\_\_
- Other: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of an emergency or if your child is sent home, whom should we contact?

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

The Grand Forks Park District does not carry medical or accident insurance for program participants. The Park District's staff and management have taken steps to reduce, as much as possible, injuries from accidents and mishaps during participation in recreation programs.

## BIG KIDS

12:30 pm - 4:00 pm

Ages 6-10 yrs (must have completed kindergarten)

PROGRAM FEE: \$50.00

REGISTRATION DEADLINE: JUNE 26, 2020

LATE FEE AFTER DEADLINE: \$10

- BEN FRANKLIN (429160-02)
- LIONS (429160-07)
- COX (429160-03)
- OPTIMIST (429160-08)
- UNIVERSITY (429160-10)
- LINCOLN DR. (429160-06)
- RIVERSIDE (429160-13)

## PAYMENT INFORMATION

PAYMENT METHOD

Credit Card  Cash  Check

CREDIT CARD INFORMATION

Mastercard  Visa  Amex  Discover

Credit Card #: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

X \_\_\_\_\_

CUSTOMER SIGNATURE

MAKE ALL CHECKS PAYABLE TO:

**Grand Forks Park District**

Summer Registration

PO Box 12429

Grand Forks, ND 58208-2429

YES, I WOULD LIKE TO DONATE \$5 TO HELP A LOCAL CHILD STAY ACTIVE THIS SUMMER. PLEASE ADD \$5 TO YOUR TOTAL.

TOTAL PAID \$

I have read and completed this application and understand that this is a recreation program only and not a Childcare Center. I further understand that all medical bills incurred are the responsibility of the parent/guardian and not the responsibility of the Grand Forks Park District.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_