

Summer Camp Registration Form

Child Name: _____ Date of Birth: _____

Child's Diagnosis: _____

Parent Name(s): _____

Address: _____

Phone: _____ Email: _____

Friendship and Fun Camp

\$275 per session

- | | 10:00 am - 12:00pm | 1:00 pm - 3:00 pm |
|------------|---|---|
| July 8-12 | <input type="checkbox"/> Ooey Gooley (ages 4-7) | <input type="checkbox"/> Sports Spectacular (ages 7-11) |
| July 15-19 | <input type="checkbox"/> Amazing Animals (ages 4-7) | <input type="checkbox"/> Amazing Animals (ages 7-11) |
| July 22-26 | <input type="checkbox"/> Buggin' Out (ages 4-7) | <input type="checkbox"/> Buggin' Out (ages 7-11) |

Collaborate and Create Camp

\$450 (includes camp and project materials)

- July 8, 10, 15, 17, 22, and 24 from 9:00 am – 12:00 pm (ages 12-18)

Child's Physician and Phone Number: _____

Name of local emergency contact and phone number (in event a parent cannot be reached): _____

Child's current school district, school, and grade/program: _____

Is there anyone other than a parent to whom the student may be released? YES NO

If yes, write name(s) here: _____

Does your child have any allergies? YES NO

If yes, list here: _____

Does your child take any medication(s)? YES NO

If yes, list here: _____

Does your child have any health conditions that we should be aware of? YES NO

If yes, describe here or attach a separate sheet: _____

I give permission for the staff at Horizons Developmental Resource Center to seek emergency medical care for my child. I certify that my child is free from communicable diseases. I also certify that I have described all health conditions and other special needs my child may have above (or on attached page), including any limits these conditions pose to his/her participation in programs and any special treatment required.

Parent Signature Date

Payment Amount: Deposit of \$100 (balance due by 6/21/13) Entire camp fees of \$_____

Mastercard / Visa: _____
Card Number

Security Code Expiration Date

Check enclosed

Mail or fax registration form and payment to:

**Horizons Developmental Resource Center, 3120 68th Street SE,
Caledonia, MI 49316 or Fax: 616-524-5354**