2016 Summer Adventure Camp

Sergeant Bluff Community Center 903 Topaz Dr. Sergeant Bluff, IA 51054

Please fill out 1 form for each child.

June 6, 2016 - July 15, 2016
Grades K - 5th of the 2015-2016 School Year
(Does NOT include Pre-K & T-K)
Mondays, Wednesdays & Fridays - 9:00am to 12:00pm

Early Bird Fee - $80.00 per Child (Before May 22)
Camp Fee - $100.00 per Child (After May 22)
Early Drop-Off Option - $20.00 per child (7:30am-8:45am)

Camp Director: Heather Cook

Payment

Early Bird Fee:_____Camp Fee:_____Early Drop-Off Fee:_____Total:_____

Child's Name	15-16 Grade	Age	Gender	DOB
1._____	_____	____	_____	___/___/___

Parent Information

Mother's Name:_____

Mother's Address:_____

_____

Email: _____
Please write legibly

Home Phone: (____)_____

Cell Phone: (____)_____

Father's Name:_____

Father's Address:_____

_____

Email: _____
Please write legibly

Home Phone: (____)_____

Cell Phone: (____)_____

Emergency Contacts

Name:_____
Phone #:(____)_____
Relationship to Child:_____
Name:_____
Phone #:(____)_____
Relationship to Child:_____
Name:_____
Phone #:(____)_____
Relationship to Child:_____

How will your child return home from Summer Adventure Camp?
*Please indicate only 1 option at this time so we can efficiently and effectively get your child home safely.

____Parent/Guardian will pick up.
____My child will walk/bike home.
____My child will be released with our daycare provider.

Code # 10-1001

OVER ⇨

Health Information

Allergies/Restrictions:_____

_____

Behavior/Special Disorders:_____

_____

Please List Any Medications:_____

_____

Will the Summer Adventure Camp Staff be responsible for administering medication for your child? Y N

T-SHIRT SIZES

___Youth Small ___Youth Medium

___Youth Large ___Adult Small

___Adult Medium ___Adult Large

My child has permission to:	Y	N
Attend Scheduled Field Trips		
Wear Sunscreen		
Wear Bug Repellant		
Have His/Her picture taken		

Field Trips

June 10: Dorthy Pecaut Nature Center
June 13: Childrens Museum
June 24: Carmike Cinema
June 29, July 1: Dairy Farm & Blue Bunny
July 13: Arnolds Park (Arnolds Park, IA)

This is to certify that _____ has my consent to participate in the Sergeant Bluff Community Center "Summer Adventure Camp". I fully recognize that the City of Sergeant Bluff and the Sergeant Bluff Community Center will not be held liable in the case of accident or injury. I also certify that the information given above is correct.

Signature: _____ Date: _____

This material is neither endorsed nor sponsored by the Sergeant Bluff-Luton CSD.

Send Form & Payments to Sergeant Bluff Community Center, Attn: Summer Adventure Camp
PO Box 703, Sergeant Bluff, IA 51054