

Child(ren)'s Name _____
 Emergency Contact Number _____

(for office use only) Date Received: _____



Child Pick-up Authorization Weekly CAMP Children ages 3 - 8

I, _____ will be picking up my child(ren),

from the Rolly Pollies Gymbugs™ Summer CAMP on the dates I have selected. Others authorized to pick up my child(ren) are listed below:

- 1) _____ Phone: _____
- 2) _____ Phone: _____
- 3) _____ Phone: _____

 Parent Signature Date

Please choose your Camps listed below. **Camps run Monday - Thursday from 1:00 - 4:00 PM.** Prices for Summer Camp are as follows: One child:
 \$140.00 per week
 2 siblings: \$225.00 per week
 3 or more siblings: \$330.00 per week
 Payment in full is due upon registration. Registration is due by Monday, May 2nd.
 Registration fee of \$20.00 applies to new or returning members for 2011.

Camp Theme:	Dinosaurs	Volcanoes & Earthquakes	4th of July Celebration	Things that Fly	Kings and Queens	Plants and Gardening	Around the World	Science: Weather	The Animal Kingdom
Dates:	6/13 - 6/16	6/20 - 2/23	6/27 - 6/30	7/11 - 7/14	7/18 - 7/21	7/25 - 7/28	8/1 - 8/4	8/8 - 8/11	8/15 - 8/18

Total number of camps: _____ **Price:** _____

Does your child(ren) have any allergies to food, medication or environment? How does your child(ren) react to these items? (If your child has an EpiPen, inhaler, or other type of allergy medication, please be sure to make our staff aware of it. These devices MUST be kept at the front desk, not in your child's bag.)

Does your child(ren) have any medical or other condition that we should know about or be aware of?

If you are registering your child for the first time in a Rolly Pollies program, our standard registration form is also required.