



West Hollywood Day Camp

My child will attend the following week(s) of Camp as indicated:
West Hollywood Park **M - F 8:00 am - 5:00 pm**

- Week 1: June 25-June 29
- Week 2: July 2-6 (No Camp on 4th of July)
- Week 3: July 9-13
- Week 4: July 16-20
- Week 5: July 23-27
- Week 6: July 30-August 3
- Week 7: August 6-10

Child's Name: (First)	(Last)	Age:						
Parent/Guardian Name(s):								
Extended Care * (\$30 weekly per child)		OFFICE USE ONLY						
M	Tu	W						
Th	F	Received By:						
Child's Shirt Size:		YS	YM	YL	YXL	AS	AM	AL

Camper's Name: _____ Age: _____ Birth Date: ___/___/___ Sex: M / F

Address: _____ City: _____ Zip: _____ Home Phone: () _____

Parent/Guardian's Name _____ Phone: Day () _____ Night () _____ Cell () _____

Address: _____ City: _____ Zip: _____ E-Mail: _____

Parent/Guardian's Name _____ Phone: Day () _____ Night () _____ Cell () _____

Address: _____ City: _____ Zip: _____ E-Mail: _____

CONSENT TO SIGN IN & OUT OF DAY CAMP

I do hereby give my permission to the person(s) listed below to sign my child in/out as specified. I fully understand and agree that in signing this form, I assume complete responsibility for any consequences resulting from my decision.

1. Name: _____ Relation: _____ 3. Name: _____ Relation: _____
2. Name: _____ Relation: _____ 4. Name: _____ Relation: _____

Signature of Parent/Guardian: _____ Date: _____ **PHOTO ID WILL BE REQUIRED TO SIGN OUT YOUR CHILD.**

MEDICAL INFORMATION

Does your child take any prescription medicines: Yes _____ No _____ If yes, what: _____ when: _____

Does your child have any pending or existing special medical conditions, please check if "yes" - Allergies Diabetes ADHD Autism Other

If yes, please explain: _____

Does your child require special accommodations to participate in Day Camp: Yes _____ No _____

Additional Emergency Contact authorized to pick-up child in case parent/guardian can not be reached

1. Name: _____ Relation: _____ Phone(s): () _____
2. Name: _____ Relation: _____ Phone(s): () _____

CERTIFICATION OF PARENT/LEGAL GUARDIAN

I have read and agree to the City of West Hollywood, Recreation Division Policies and Procedures for Day Camps located in the "A to Z" Handbook for Parents. INTL _____

I certify that the information is true and complete. I will notify staff immediately of any changes. INTL _____

I have read and understand the City of West Hollywood, Recreation Division Refund Policy. INTL _____

Signature of Parent/Guardian: _____ Date: _____

Child's Name: (First)

(Last)

Age:

OFFICE USE ONLY

Week 1: June 25-29

Deposit \$ _____ Full Payment \$ _____ Balance \$ _____ Check # _____ Receipt # _____ Extended Care: Yes / No Received By _____

Week 2: July 2-6

Deposit \$ _____ Full Payment \$ _____ Balance \$ _____ Check # _____ Receipt # _____ Extended Care: Yes / No Received By _____

Week 3: July 9-13

Deposit \$ _____ Full Payment \$ _____ Balance \$ _____ Check # _____ Receipt # _____ Extended Care: Yes / No Received By _____

Week 4: July 16-20

Deposit \$ _____ Full Payment \$ _____ Balance \$ _____ Check # _____ Receipt # _____ Extended Care: Yes / No Received By _____

Week 5: July 23-27

Deposit \$ _____ Full Payment \$ _____ Balance \$ _____ Check # _____ Receipt # _____ Extended Care: Yes / No Received By _____

Week 6: July 30-August 3

Deposit \$ _____ Full Payment \$ _____ Balance \$ _____ Check # _____ Receipt # _____ Extended Care: Yes / No Received By _____

Week 7: August 6-10

Deposit \$ _____ Full Payment \$ _____ Balance \$ _____ Check # _____ Receipt # _____ Extended Care: Yes / No Received By _____