

# YOUTH CENTER / YOUTH SERVICES School Days Out/Summer Program

CAPE CORAL RESIDENT: \_\_\_\_\_ NON RESIDENT: \_\_\_\_\_



**A Youth Services Parent Manual has been issued to the parent whose signature is listed below.**

**How did you hear about our Summer Camp program? (Please circle)**

Parent & Child Magazine    The Better Coupon Book    Postcard from School    Current Parent    Flyer at sports field  
 News-Press Article    P&R Website    P&R Program Guide    Friend/Family    Other: \_\_\_\_\_

**1ST CHILD**

**2ND CHILD**

**3RD CHILD**

Child's Last Name, First Name			
Date of Birth			
Grade Entering			
Allergies, Special Needs, Medications			
PG Movie Permission Yes/No:			
Permission to swim Yes/No			

Custodial Parent/Legal Guardian:		
Date of Birth- (Parents)		
Relationship to Child:		
Home Address w/ zip code:		
Place of Employment:		
Work/Cell Phone:		
Driver's License & Exp. Date:		

***Persons who have permission to remove child from facility, in addition to the names above.***

Name:			
Relationship to Child:			
Home Phone:			
Place of Employment:			
Work/Cell Phone:			

Please let us know of any pertinent information regarding your child(ren) so that we can offer your family the best care possible. (i.e. for custody or court order issues legal documentation will need to be provided): \_\_\_\_\_

Does your child(ren) need any medications administered while in our care?    Yes    or    No  
 (If yes, additional forms may be required.)

Please check this box if your child requires special accommodations or additional assistance to be successful in this program:   
 A supervisor will contact you to acquire additional information if the box is checked.

**Parent Release:** I have enrolled the above named child(ren), and my signature below indicates that I release the City of Cape Coral, Cape Coral Charter Schools, and the School Board of Lee County, and any persons connected with the said City from blame or responsibility in case of accident or injury incurred during the operations of this program. There is no medical coverage included in this registration for any program offered by Parks & Recreation. By participating in these programs, I assume medical insurance responsibilities. I understand that in the case of a medical emergency, 911 will be called and I hereby authorize the doctors at the designated hospital to treat my child for any injury or illness occurring during any Parks & Recreation program. I have been notified, in writing of the Cape Coral Parks and Recreation rules and policies, including the discipline practices followed by this program. The Cape Coral Parks and Recreation Department reserves the right to deny registration to any program and to charge fees where applicable. Further, I give full permission to any and all of the foregoing to use photographs, video tapes, recordings or any other record of this event for legitimate purposes. I understand refunds are available only if the class/program is changed or cancelled, excluding those cancelled due to an act of nature. Refunds will not be issued once a program has begun, unless accompanied by a medical excuse. NO refunds/credits will be given for missed days within a session. All requests must be submitted in writing and approved by administrative staff.

Signed by custodial Parent/Legal Guardian: \_\_\_\_\_

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

## SUMMER RECREATION ENROLLMENT FORM

*Select program site in order of preference (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> etc.) Make your selection according to what grade your child will be entering in the upcoming school year. Students must be at least 5 years old by September 1.*

**Four Freedoms Park (K-8)**

**Christa McAuliffe Elementary (K-8)**

**Oasis Elementary (K-8)**

**Wm. Bill Austen Youth Center (K-8)**

**PLEASE READ:** Your payment is due in full by the Friday before the start of each session. Failure to make payment before a session begins will result in a \$5 late fee for each business day a payment is late after the due date. Payments may be made on site with your Site Director on Wednesday afternoons, all day Thursday, and Fridays before noon. After the Friday deadline all payments received will be considered late.

On the first day of camp your child will receive a T-Shirt to wear on travel days. Please circle the size your child will need.  
 Middle School Campers do not receive a T-Shirt.      Child Small                      Child Medium                      Adult Small

If you would like to receive e-mails regarding upcoming Parks & Rec / Youth Services programs please indicate your email address below.  
 E-mail address: \_\_\_\_\_

### OFFICE USE ONLY

Sessions	1	2	3	4	5	6	7	8	9
Weekly Start Dates									
1 <sup>st</sup> Child									
2 <sup>nd</sup> Child									
3 <sup>rd</sup> Child									
Misc. Paid (late fees)									
Receipt #									
Cash / Check # / or CC									
Attendance									