



In computer: Enrollment Packet: _____ Schedule: _____ Billing: _____

Caughlin Adventure Camp

School-Age Child Enrollment Form

Start Date: _____

YOUR CHILD'S INFORMATION:

Last Name: _____ First: _____ Middle: _____ Nickname: _____

Nickname/ Preferred: _____ Birth Date: _____ Gender: ☐ Male ☐ Female

Mother or Guardian 1: _____ Father or Guardian 2: _____

Relation to Child: _____ Relation to Child: _____

Date of Birth: _____ Date of Birth: _____

Driver's License # & State: _____ Driver's License # & State: _____

E-Mail Address: _____ E-Mail Address: _____

Physical Address: _____ Physical Address: _____

City & Zip: _____ City & Zip: _____

Mailing Address: _____ Mailing Address: _____

City & Zip: _____ City & Zip: _____

Cell #: _____ Cell #: _____

Cell phone provider: _____ (for texts) Cell phone provider: _____ (for texts)

Home #: _____ Home #: _____

Place of Employment: _____ Place of Employment: _____

Work #: _____ Work #: _____

During work hours please call me on my: ☐ Work ☐ Cell During work hours please call me on my: ☐ Work ☐ Cell

Parent's relationship: ☐ Married/Together ☐ Divorced/Separated ☐ Single
Child living with: ☐ Both parents ☐ Mom ☐ Dad ☐ Guardian

Program: ☐ Leap Club: Before & After Program (Held above the gym)
School: ☐ Caughlin ☐ Roy Gomm ☐ Jessie Beck ☐ Other: _____
Grade: _____ Classroom: _____ Teacher: _____

*Please make sure to fill out the Before & After School Registration form EVERY SCHOOL YEAR .

☐ Adventure Camp (Held above the gym)
*Please make sure to fill out the Registration form for EACH CAMP .

Child's Schedule: Hours and Days of Operation: Monday – Friday, 7:00 a.m. to 6:00 p.m.

Schedule ☐ Mon-Fri ☐ Drop-in ONLY ☐ Other : _____

Hours each day:	Monday	Tuesday	Wednesday	Thursday	Friday
AM: Parent Drop off time:	_____	_____	_____	_____	_____
Take to school at	_____	_____	_____	_____	_____
Pick up from school at	_____	_____	_____	_____	_____
Parent Pick up time:	_____	_____	_____	_____	_____

Below please list **at least one other person** who can assume responsibility for your child if Caughlin Adventure Club cannot contact you for an emergency and whom has your authorization to pick up your child from Caughlin Adventure Club when you are not available (I.D. required):

1. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: ☐ Male ☐ Female
I.D. #: _____ Email: _____ Relation to Child: _____
Home #: _____ Work #: _____ Cell #: _____

2. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: ☐ Male ☐ Female