

### Good Beginnings Registration and Emergency Care Form

Camper's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Current grade \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Phone# (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (H) \_\_\_\_\_

Mother: \_\_\_\_\_ Phone# (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (H) \_\_\_\_\_

Parents' Email Contact: \_\_\_\_\_ Last 4 SS#:D: \_\_\_\_\_ M: \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Policy#: \_\_\_\_\_ Phone # \_\_\_\_\_

**Please check or indicate any medical information that would help us to better care for your child.**

Asthma Inhaler Bee Allergies Peanut Other: \_\_\_\_\_ none

**Please list Emergency Contacts and/or people who have permission to pick up your child.**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Parental Permissions:**

My child...

- may receive additional sunscreen application as needed.
- may use CGB private heated swimming pool.
- may participate in field trips with CGB.
- may receive emergency care at the nearest hospital when parents or physician cannot be reached. The hospital and its medical staff have my authorization to provide any treatment which a physician deems necessary for the well-being of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration: \$45    Activity Fee: \$150

Bi-weekly Regular Camp: \$575 (6:30 a.m. - 3:30 p.m.)

After Camp: \$125 (3:30 p.m. - 6:30 p.m.)

Office use only  
Amount collected:

**Weeks of Attendance:** (Changes and cancellation are allowed until May 31; after then, there will be a \$75 charge for each change and no refund for cancellation once camp begins)

6/12 6/19 6/26 7/3 7/10 7/17 7/24 7/31 8/7 8/14 [8/21 \_\_\_ days] Total \_\_\_\_\_ weeks

**Camp Shirt** (same shirt as last year): @\$15.00:

Youth Sm. Youth Med. Youth Lg. Adult Sm. Adult Med. Adult Lg. Adult XLg.