

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: \$100/ P \$150/ JK

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: from _____ to _____ (specify schedule) _____ (full, half, or part week)
(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)

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

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