



# Summer Camp 2024 Registration

Kids & Company at Rolland-Warner: 3145 W. Genesee St. Lapeer, MI 48446 (810)667-2454

## Registration Requirements – Office Use Only

\_\_\_\_\_ \$30 Registration fee (Non-Refundable)

\_\_\_\_\_ \$25 refundable Key Fob Deposit (Separate Payment Required) *New families only*

\_\_\_\_\_ \$5/Field Trip - bill only if attending Field Trip Date

\_\_\_\_\_ Completion of all required paperwork including Schedule Sheet

\_\_\_\_\_ T-shirt size (one free shirt) \*Youth T-shirt sizes: XS, S, M, L, XL

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade for Fall: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail address: (for statements) \_\_\_\_\_

### Name of Parents/Guardians:

\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Mother)

\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Father)

According to Michigan Department of Human Service Regulations, the parent or guardian of a child enrolled in a Before and/or After-School program must sign a statement verifying that their child is in good health and able to participate in program activities unless otherwise specified.

This is to verify that to the best of my knowledge, my child \_\_\_\_\_ is in good health. I will inform the child care supervisor of any accidents, illness, health restrictions, allergies or medication my child is taking.

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date)

### Please indicate any health concern that you feel your child’s supervisor should be aware of:

\_\_\_\_\_ Diabetes/Hypoglycemia    \_\_\_\_\_ Orthopedic    \_\_\_\_\_ Convulsive Disorder

\_\_\_\_\_ Allergies    \_\_\_\_\_ Permanent Vision Problems    \_\_\_\_\_ Cardiac

\_\_\_\_\_ Permanent Hearing Problems    \_\_\_\_\_ Other (Please List) \_\_\_\_\_

Parent comment on special needs or additional health information: