

Oakland Day School Summer Camp
2010 Registration Form

Check below which camp(s) registering for:

___ June 7th— 12th ___ June 15th—17th ___ June 21st—25th ___ June 29-31 ___ July 12th— 16th
___ July 20-22 ___ July 26-30

Child's Name _____

Address _____

Birth Date _____ Age _____ Home Phone _____

Mother's Name _____ Cell/ Work Number _____

Father's Name _____ Cell/ Work Number _____

E-Mail Address _____

Emergency Contact:

Name _____ Phone Number _____

Who other than the parents may pick up your child?

Health or Medical Information (allergies, medications, etc.)

Authorization: I will not hold Oakland Day School responsible for injuries or illnesses my child may contract during the course of the summer camp. In the event that Oakland Day School is unable to reach me in an emergency, I hereby give permission to the Day School staff to secure proper treatment for and to order injection, anesthesia, or surgery for my child.

I also understand that camp fees are non- refundable.

I give permission for my child to participate in field trips (on walks) with Oakland Day School staff.

I have read and acknowledge the statements above.

Parent Signature _____ Date _____

Family Physician's Name _____

Physician's Phone Number _____