

2009-2010 School's Out Day Camp Registration Form

(one form per child)

Please PRINT using blue or black ink.



Child's Name _____ Date of Birth ___/___/___ Check one: ___ Male ___ Female
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Family E-Mail: _____
 Child lives with: ___ Mother & Father ___ Mother ___ Father ___ Other, please explain: _____

Mother's Name: _____ Father's Name: _____
 Mother's Daytime Phone: _____ Mother's Place of Employment: _____
 Father's Daytime Phone: _____ Father's Place of Employment: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____
 Emergency Contact Address: _____
 Physician's Name and Clinic: _____
 Physician and Clinic Phone: _____
 Name of sibling(s) also registered in School's Out program: _____
 Please list any special needs, allergies, other health concerns, etc. (attach additional documentation as necessary): _____

Authorizations (please check):

- Yes NO I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes NO I have had an opportunity to review the policies of the BISC School's Out Day Camp program.

 Parent/Guardian Signature

 Date

The following list contains dates that BISC will hold 2009-2010 School's Out Day Camp. Please check off the appropriate camp selection for the days that your child will attend.

Camp Days	Full Day 8am -5pm	AM Half Day (8am – 1pm)	PM Half Day (12pm – 5pm)	Early drop-off 7 AM	Late pick-up 6 PM
	Check	Check if ½ day Morning only	Check if ½ day Afternoon only	Check (if needed)	Check (if needed)
Nov. 25 th					
Nov. 27 th					
Nov. 30 th					
Dec. 8 th					
Dec. 28 th					
Dec. 29 th					
Dec. 30 th					
Jan. 18 th					
Feb. 12 th					
Feb. 15 th					
Mar. 31 st					
April 1 st					
April 2 nd					
April 5 th					
May 13 th					
May 14 th					
May 18 th					

SCHOOL'S OUT DAY CAMP FEES: FULL DAY: \$35 HALF DAY: \$25
Before/After Care: \$5 each (FREE for members)

School's Out Camp fees are due 48 hours before the start of camp.

Payment: ___ Check Enclosed ___ Credit Card MC/VS/AE/DISC CC# _____ Exp Date _____
Return with payment or credit card information to: BucksMont Indoor Sports Center, 2278 N. Penn Rd., Hatfield, PA 19440