



PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT  
WINTER 2019 CAMP ENROLLMENT FORM



**FAMILY INFORMATION**

**Parent/Guardian #1:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Lives with Child: YES  NO

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

**Parent/Guardian #2:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Lives with Child: YES  NO

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

**Additional People Authorized to Pick Up Child(ren) Other Than Parents/Guardian:**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Additional Emergency Contacts Other Than Parents/Guardian:**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_



# Culver CITY

## PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT WINTER 2019 CAMP ENROLLMENT FORM



### PARTICIPANT # 1 INFORMATION

Child's Name: \_\_\_\_\_ Child's Sex: Male  Female   
Last Name First Name Nickname

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level in fall: \_\_\_\_\_

Medical/General Information (Does your child have any of the following?)

ADHD  Asthma  Convulsion  Diabetes  Heart Trouble  Needs Medicine  (if Yes, complete, authorization to dispense medicine form)

Any Disabilities or Special Needs? If yes please list:

\_\_\_\_\_  
\_\_\_\_\_

### PARTICIPANT # 2 INFORMATION

Child's Name: \_\_\_\_\_ Child's Sex: Male  Female   
Last Name First Name Nickname

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level in fall: \_\_\_\_\_

Medical/General Information (Does your child have any of the following?)

ADHD  Asthma  Convulsion  Diabetes  Heart Trouble  Needs Medicine  (if Yes, complete, authorization to dispense medicine form)

Any Disabilities or Special Needs? If yes please list:

\_\_\_\_\_  
\_\_\_\_\_

Please mark the weeks you are enrolling your child (ren) below:

### WINTER CAMP

<b>Child #1</b>	Week 1 12/23/19 – 12/27/19	Week 2 12/30/19 – 1/3/20
<b>Child #2</b>	Week 1 12/23/19 – 12/27/19	Week 2 12/30/19 – 1/3/20