



Culver CITY

PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT SPRING 2020 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: _____



PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT
SPRING 2020 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? Please explain:

Yes No

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? Please explain:

Yes No

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

SPRING CAMP

Child #1	Week 1 3/23/2020 – 3/27/2020	Week 2 3/30/2020 – 4/3/2020
Child #2	Week 1 3/23/2020 – 3/27/2020	Week 2 3/30/2020 – 4/3/2020