

Year: 2018-19: After School Camp Enrollment Form
Elementary School

Student name : _____ Male Female Birth date: ____/____/____ Grade: ____

Student name : _____ Male Female Birth date: ____/____/____ Grade: ____

Parents or guardians names: _____

Home mailing address: _____

Place of employment/Mother: _____ phone: _____ cell: _____

Place of employment/ Father: _____ phone: _____ cell: _____

Father's Address (if different): _____

Email address: Mother _____ Father _____

Authorized persons who can pick child up and emergency contact information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical information

Allergies: _____ **Medical conditions/concerns:** _____

Medication release (add specific information) _____

Every effort will be made to ensure your child's safety, however in an emergency situation; may we

contact your Doctor? Yes No Dr's Name: _____ Phone: _____

We only give medications in original bottles as prescribed by physician, within the school district policy guidelines.

Tuition Agreement

I have agreed to pay tuition in the amount of _____ per month and I understand tuition is due by the first Friday of the month. The Contract and Enrollment agreement outlines specific payment policies.

Parent signature: _____ Date: _____

Registration fee: \$25 non-refundable + \$25 supply = \$50 registration fee

Office use only:

Amount paid – Registration _____ Date: _____ Monthly tuition due : _____

Days enrolled _____ Start date _____ Received by _____

Send registration forms, deposit, and all payments to: Alison Taylor – Comm. Ed., PCSD, 2700 Kearns Blvd., Park City, UT 84060. **Make checks payable to PCSD (Park City School District).**