

Bern Bear Bunch Day Camp
New Bern Parks & Recreation Department Registration Form

____ Resident/City of New Bern (**\$60**)

Proof of Residency Required

____ Non-Resident (**\$80**)

Name of Child _____
(Last) (First) (Middle) (Nickname)

Address _____
(Street) (City) (State) (Zip Code)

Age of Child _____ Birth Date ____/____/____

INFORMATION ABOUT THE FAMILY:

Father's Name _____ Home Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Where Employed _____ Business Phone _____

Cell Phone _____

Mother's Name _____ Home Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Where Employed _____ Business Phone _____

Cell Phone _____

If child is not living in home of parents, name of responsible adult:

Address _____ Home Phone _____

Where Employed _____ Business Phone _____

Cell Phone _____

IMPORTANT INFORMATION NEEDED / PLEASE READ

If you cannot call for your child, please give the name(s) of person(s) to whom the child can be released: (Only Mother, Father or legal guardian can pick up your child unless you have put thier name on this line- Anyone who pick's a child must also sign a check-out sheet when picking them up)

-OVER-

Please complete form on other side!!!!!!!!!!

Day Camp Registration Form Continued

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.)? (Be specific.)

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital preference _____

If neither father nor mother(or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree that the coordinator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Date)

(Signature)

I, as the coordinator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Date)

(Signature of Administrator)

Circle sessions registering for:

Session 1 Session 2 Session 3 High Adventure

Amount paid (1) _____ Date _____
(2) _____ Date _____
(3) _____ Date _____
(HA) _____ Date _____

Tee Shirt Size

Youth L _____

Adult S _____ M _____ L _____

Please make sure you have completed all forms - Thank You !