

**CARES Program at Sunny Days Summer Camp
REGISTRATION**

Date _____

Child Name (First, Last) / **Grade/Age**

CARES Attendance (circle/fill out all that apply)

_____/_____/_____ **F/T M-F** **AM** (drop-off time) _____ **a/o PM** (pick-up time) _____

_____/_____/_____ **P/T AM** **M - T - W - Th - F** **AM** (d/o time) _____

_____/_____/_____ **P/T PM** **M - T - W - Th - F** **PM** (p/u time) _____

_____/_____/_____ **Weeks Attending: #1 #2 #3 #4 #5 #6 #7**

Notes _____

- **Please Note there is NO PM Cares on the last day of Camp, Friday, August 4, 2023**

Parent Name(s) (First, Last) _____

Address _____

Best Cell #'s (in call order) 1 _____ 2 _____

Best Email for CARES _____

Parent Work _____ **Work Phone** _____

Parent Work _____ **Work Phone** _____

The following adults are authorized to pick-up and act on your behalf in case of emergency:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical / Family Information

If none, write NONE. Please list any medical or family concerns (custody, other). Provide specific instructions should your child experience an emergency related to any of the above, include hospital preference. Use other side if needed.

Consent/Acknowledgement

I/we give consent to the above to their participation in the SKD CARES Program, (CARES). All risks/hazards incidental to the conduct of and activities undertaken by my children, and hereby release/absolve/hold harmless, CARES, its employees /volunteers, from and against any claims/liabilities/causes of action for any injury, illness, accident or incident that results from or arises out of their participation in CARES. I acknowledge and understand that our conditional acceptance into and participation in CARES, as a family, is governed by the values, policies and procedures of SKD School.

Parent/Legal Guardian Signature(s) _____ Date_____

_____ Date_____