

City of Crowley Summer Camp 2011



Camp Registration Form

June 6, 2011 to July 7, 2011

<i>Campsites</i>	Martin Luther King Center	Rice Festival Building
<i>Ages</i>	<p>Ages 7 (before 2004 to Age 14 after 1997) Must be 7 years of age on or before June 6, 2011 MUST PRESENT COPY OF BIRTH CERTIFICATE NO EXCEPTIONS</p>	
<i>Attendees</i>	<p>Children must be residents of Crowley (live within the city limits & attend Crowley schools) ANY CHILD REQUIRING SPECIAL NEEDS IS TO BE ACCOMPANIED BY THEIR OWN CHILD SPECIFIC AID. PARENTS/GUARDIANS: INFORM CAMP REGARDING FOOD ALLERGIES</p>	
<i>Fees</i>	\$25	
<i>Hours</i>	<p>8:00 a.m. to 12:45 p.m. Monday, June 6, 2011 through Thursday, July 7, 2011 CAMPERS: Drop off time NO EARLIER than 7:45 a.m. Pick up time NO LATER than 12:45 p.m. Return Independent Arrival/Departure Form (Walking or Biking) to Camp Site Supervisor ~ FIRST DAY OF CAMP Supervised indoor & outdoor activities Enrollment limited to first 500 applicants due to staff limitations - Apply Early!</p>	

REGISTRATION FORMS must be completed and returned with \$25 payment by Friday, May 27, 2011

Please return:	Summer Camp Registration Crowley City Hall ~ Mayor's office Attention - Tiffany Handy
Mail to: City of Crowley P O. Box 1463 Crowley, LA 70527-1463 Or drop off to City Hall 425 North Parkerson Avenue Crowley, LA 70526	Behavior standards required by Acadia Parish School Board will be the same behavior standards enforced for the Crowley Summer Camp. NO Refund

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Registration Form
INCOMPLETE FORMS WILL NOT BE ACCEPTED. THANK YOU.**

T-SHIRT SIZE (circle one) Youth S M L XL
Adult (circle one) S M L XL

Last Name: First Name: Middle Initial:

Street Address:
 City: State: Zip:
 Parish: Race: This is my year at this camp.
 Birth date: Age: Gender: M F
 Last School attended: Grade
 Lunch Status: Full Reduced Free

Parent's Name	Last Name	First Name	Home #	337-
			Work #	337-
Address			Cell #	337-
Parent/Guardian Signature			Date	

SECOND Contact (if parent (s) cannot be reached)

Name	Last Name	First Name	Home #	337-
			Work #	337-
Address			Cell #	337-
Signature			Date	

ANY CHILD REQUIRING SPECIAL NEEDS IS TO BE ACCOMPANIED BY THEIR OWN CHILD SPECIFIC AID.

Child Specific Aid Name	Last Name	First Name	Home #	337-
			Work #	337-
Address			Cell #	337-
Signature			Date	

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name	<input type="text"/>	Phone	<input type="text"/>
Parent/Guardian Signature	<input type="text"/>	Date	<input type="text"/>

Registration fee \$25 Campsite Preference (not guaranteed)	Cash <input type="text"/>	Check # <input type="text"/>	Date: <input type="text"/>	Receipt # <input type="text"/>
	Please check one	Martin Luther King Center <input type="text"/>	Rice Festival Building <input type="text"/>	