



# Registration for 21<sup>st</sup> CCLC SUMMER 07 Program



List all children who will attend Wilton Manors this fall:

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

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Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's lives with (**circle one**): Both parents – Mother – Father – Other \_\_\_\_\_

List all other adults allowed sign out your child(ren):

\_\_\_\_\_

**At least 3** emergency phone #s: \_\_\_\_\_

How will your child get home from camp:

Car       Walk       BASH       Other (describe) \_\_\_\_\_

Dates you will be out of town from 6/18/07-8/10/07: \_\_\_\_\_

I will likely attend the parent meetings in the  Morning 8:30-9:30 AM or  Evening 4:00-5:00 PM

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**Health Release** – Please let us know if your child has any physical limitations and/or allergies.

\_\_\_\_\_

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Insurance	Policy #	Policy Holder Name
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**Media Release:** From time to time during the school year, the staff at our school will photograph and video the school, teachers, and students to visually explain and document programs and events offered. Please sign this form to indicate registration in the program and release for such media.

Legally guardian's name \_\_\_\_\_ (print)

Signature \_\_\_\_\_