

# REC & ED SUMMER CAMP 2019 REGISTRATION FORM

Please print and fill out Registration Form in its entirety for each participant.

CLASS/CAMP SELECTIONS	PARTICIPANT INFORMATION
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Class/Camp ID#	Class/Camp Title	Fee

**NOTE:** Registering a child for camp includes permission for that child to participate in camp field trips.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender  M  F Grade \_\_\_\_ School \_\_\_\_\_

**SELECT CHILD'S SHIRT SIZE** Child:  S  M  L Adult:  S  M  L  XL 2XL

**PHOTO POLICY** I understand and agree that the Ann Arbor Public School's Rec & Ed Department may take pictures or videos of youth and adult participants in any Rec & Ed activity, including camps, classes, team sports, and childcare. Images may be used in Rec & Ed or school district promotional materials, (brochures, catalog, website, social media). For your safety, names will never be used. My (or my child's) enrollment in an activity with Rec & Ed indicates my approval. I may opt out by emailing dishman@a2schools.org.

**PLEASE COMPLETE ALL OF THE FOLLOWING.**

Is your primary residence within the Ann Arbor Public School District?  Yes  No

How did you hear about this class/camp/activity?  Catalog  Rec & Ed e-Newsletter  Website  Other \_\_\_\_\_

Please update child's address/phone #/email address if it has changed since your last registration with us. If your information has not changed, just write: NC

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies, medical, or emotional conditions, additional information or any special accommodations needed to help increase your child's enjoyment and success in this program or write NONE. Please note, some accommodations may require registration at least 3 weeks in advance of the class/camp/activity. Please call 734-994-2300, ext. 53179, or write "None"

\_\_\_\_\_

\_\_\_\_\_

Write the name and phone number of an emergency contact person (other than parent/guardian) who can immediately pick your child up in case of an emergency:

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number (\_\_\_\_) \_\_\_\_\_

Does your child have/carry an Epi Pen?  Yes  No

Does your child carry an inhaler?  Yes  No

Does your child have an IFSP, IEP or 504?  Yes  No

Please list first and last names of all adults who have permission to pick up your child from camp. (If someone is not on this list, please send a note in advance giving that person permission to pick up your child. That person will need to show ID).

\_\_\_\_\_

\_\_\_\_\_

Does your child have a teacher's assistant assigned to them during the regular school day?  Yes  No If yes, please contact the Rec & Ed Office at 734-994-2300 ext. 53179 at least 3 weeks prior to the start of camp to discuss possible accommodation options.

Write your child's grade placement for the upcoming 19-20 school year. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

**PAYOR INFO**

(Person paying for class(es) activities)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender  M  F

**Payment Method:**  Check  Credit Card  Scholarship ID#  Credit on Rec & Ed Account

**CREDIT CARDS**

Please complete entire section

Name (exactly as it appears on the card) \_\_\_\_\_

VISA  MasterCard  AMEX (Sorry we cannot accept debit cards at this time) Total Fee (Required) \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Cardholder Signature (Required) \_\_\_\_\_

**1**

**Make check payable to:**  
AAAPS (Ann Arbor Public School(s)). Do not send cash.

**2**

**Include payment:**  
Credit from Rec & Ed account:  
\$ \_\_\_\_\_  
 \$1 donation to the Rec & Ed Scholarship Fund  
Amount  
Paid: \$ \_\_\_\_\_

**3**

**Mail entire form to:**  
Rec & Ed Summer Camp 2019  
1515 S. Seventh St.  
Ann Arbor, MI 48103