

**Our Second Home
"Kinder Camp-2015"
Registration Form**

725 Price Street Daly City, CA 94014
Phone: 650-301-3300

PLEASE PRINT CLEARLY AND NEATLY

Child's Full Name: _____

Date of Birth: _____ Gender (M/F): _____

Parent/Guardian: _____

E-Mail: _____

Address: _____ Apt. # _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

In Case of Emergency

Emergency Contact 1:

Phone/Cell: _____

Emergency Contact 2:

Phone/Cell: _____

A **COMPLETED** registration form must be received with payment for each enrolled child. **ONE FORM PER CHILD**

Total Amount Enclosed: \$ _____

Cash, Check and Money Orders accepted.
Please make checks or money orders payable to:
Daly City Partnership - OSH Kinder Camp
Sessions are non-refundable.

Do you carry medical insurance? **Yes/No**

Insurance Provider: _____

_____ **Group #** _____

Please list all medical conditions, food and other allergies, dietary restrictions or behavioral concerns:

Persons other than Parents authorized to pick up child:

Name: _____

Relationship: _____

Work/Cell: _____

Name: _____

Relationship: _____

Work/Cell: _____

Name: _____

Relationship: _____

Work/Cell: _____

The undersigned agrees to indemnify and hold harmless, the Daly City Partnership, Its Board, Funders, Programs, and Employees for any loss or liability which results or is alleged to have results from participation in this program.

Parent/Guardian Print Name: _____

Signature: _____

I authorize Our Second Home to use photos of my child for

Promotional purposes: Signature: _____

Please circle each week selected for kinder Camp Registration

WEEK 1: July 6 - 10

WEEK 2: July 13 - 17th

WEEK 3: July 20 - 24

WEEK 4: July 27 - 31

WEEK 5: August 3 - 7

Kinder camp runs from 9 am until 12 noon each weekday. Please be sure to pick up your child on time.

A healthy snack is provided each morning. Please list all food allergies on this form.

Please leave valuable personal belongings at home and label jackets with your child's name.