

O'Fallon CCSD #90  
Registration Form  
SUMMER CAMP

SCHOOL: \_\_\_\_\_ Current Grade \_\_\_\_\_

Please Print:

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT/ GUARDIAN INFORMATION:

Adults with whom the child lives:

1.	_____	_____	_____
	First Name	Last Name	Relationship to child
	_____	_____	_____
	Place of employment	Work Phone Number	Cell Phone
2.	_____	_____	_____
	First Name	Last Name	Relationship to child
	_____	_____	_____
	Place of employment	Work Phone Number	Cell Phone

IS there someone who, by court order, is not permitted to be in contact with this child?  yes  No  
If yes, please fill out the following information and provide a copy of the court order.

_____	_____	_____
Name	Address	Relationship to child

EMERGENCY CONTACTS (in the event you cannot be reached)

Name	Relationship to child	Phone Number"
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OTHER:

Does your child have a disability or active IEP?  Yes  No If yes, explain \_\_\_\_\_

Does your child require any special accommodations or modifications in the classroom? Explain \_\_\_\_\_

Please list any medical conditions, current medications, or allergies: \_\_\_\_\_

I understand the Before and After Care Handbook contains all policies and procedures for participating in the O'Fallon CCSD #90 school age care programs. I have received a copy of the handbook and understand it is my responsibility to read and become familiar with the policies and procedures detailed within. Additionally, I agree to follow all billing and payment procedures required for my child's participation in the program. My child will adhere to the same behavioral expectations as during the school day; including but not limited to dress code, school rules, and conduct. Families will be removed from the program in the event the district policies and procedures are not followed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please circle care options:

Mon Tues Wed Thurs Fri

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Student: \_\_\_\_\_

FIELD TRIP PERMISSION FORM for Walking Field trips

I give my permission for my child to leave Marie Schaefer school for supervised trips walking to local areas walking around school. (ex. Woods Bakery, Ice Cream, O'Fallon Garden, library)

Restrictions on such trips for my child include:

\_\_\_\_\_

Parent Initial \_\_\_\_\_

SUNSCREEN RELEASE

I will make sure my child has sunscreen applied to their person prior to arriving at camp daily. In the event extra sunscreen is needed, I give the summer camp staff permission to use Coppertone Sport 30 spf spray on my child. Lotion based sunscreens will not be applied by any school staff.

Parent Initial \_\_\_\_\_

PHOTO RELEASE

I give my permission for my child to be photographed while in attendance at summer camp.

Parent Initial \_\_\_\_\_

Please circle care options:  
Mon Tues Wed Thurs Fri