

## CARES Camp Registration

**Weeks Attending (Please Circle) #1** (June 24<sup>th</sup> – June 28<sup>th</sup>) **#2** (July 1<sup>st</sup> -3<sup>rd</sup>) **#3** (July 8<sup>th</sup> -12<sup>th</sup>)  
**#4** (July 15<sup>th</sup> – July 19<sup>th</sup>) **#5** (July 22<sup>nd</sup> – 26<sup>th</sup>) **#6** (July 29<sup>th</sup> -August 1<sup>st</sup>)

**There is no AM or PM CARES on the last day of camp, Friday, August 2<sup>nd</sup>.**

**Child Name** (First, Last) / **Grade/Age**

**CARES Attendance** (circle/fill out all that apply)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**F/T M-F** AM (drop-off time) \_\_\_\_\_ **a/o PM** (pick-up time) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**P/T AM** **M – T – W – Th – F** AM (d/o time) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**P/T PM** **M – T – W – Th – F** PM (p/u time) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Notes** \_\_\_\_\_

**Parent Name(s)** (First, Last) \_\_\_\_\_

**Address** \_\_\_\_\_

**Best Cell #'s** (in call order) 1 \_\_\_\_\_ 2 \_\_\_\_\_

**Best Email for CARES** \_\_\_\_\_

**Parent Work** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parent Work** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**The following adults are authorized to pick up and act on your behalf in case of an emergency:**

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical / Family Information

**If none, write NONE.** Please list any medical or family concerns (custody, other). Provide specific instructions should your child experience an emergency related to any of the above, including hospital preference.

# CARES Camp Registration

## Consent/Acknowledgement

I/we give consent to the above to their participation in the SKD CARES Program (CARES). All risks/hazards incidental to the conduct of and activities undertaken by my children, and hereby release/absolve/hold harmless CARES, its employees /volunteers, from and against any claims/liabilities/causes of action for any injury, illness, accident, or incident that results from or arises out of their participation in CARES. I acknowledge and understand that our conditional acceptance into and participation in CARES, as a family, is governed by the values, policies, and procedures of SKD School.

Parent/Legal Guardian Signature(s) \_\_\_\_\_ Date\_\_\_\_\_

---

---

## Payment Information

### Pricing

\$10.00 per hour

Pickups after 4:00 p.m. closing will be subject to a late fee of \$10.00. Regular late pickups will result in the discontinuation of CARES services.

### Payment Due Date

CARES bills will be sent to you via Class Dojo on Friday morning. Payments are due every Friday afternoon upon pick up.

### Payment Options

CARES payments must be paid by check.