

2010 ENRICHMENT CAMP REGISTRATION FORM

Parent/Guardian Full Name _____ Day Phone (____) _____ Evening Phone (____) _____
First MI Last

Street Address _____ Apt: _____ City _____ Zip Code _____

E-mail Address: _____ @ _____

Enrichment Camp Location _____ **NOTE:** Non-Residents of the City of Milwaukee must pay twice the listed fee.

Course Number	SREC PROGRAM TIME ONLY		My Child is enrolled in Summer School	Children's Full Name First / Middle / Last	Present School. If not MPS School, list name & address	Sex	Birthday Mo/Day/Yr	Age Now	Current Grade
	DROP-OFF	PICK-UP							
			<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /		

You MUST include a 2-week payment.

TOTAL WEEKLY FEE \$ _____ x's 2 WEEKS = \$ _____

Plus Extended Hours \$ _____ x's 2 WEEKS = \$ _____

W-2 One Time Registration Fee = \$ _____

Total Amount Enclosed = \$ _____

All Credit Card payments MUST be made in person at an MPS Recreation Division Office:

- 5225 W. Vliet Street, Room 162
- 2414 W. Mitchell Street

NOTE: NO CREDIT CARD PAYMENTS WILL BE ACCEPTED AT THE CAMP SITES.

Mail to: MPS Recreation Division
 Attn: S.R.E.C. Camp
 PO Box 461
 Milwaukee, WI 53201-0461

CENTRAL OFFICE USE ONLY

CC Cash Check / M.O. # _____

Do NOT MAIL CASH. Mail completed registration form with check or money order made payable to: MPS Recreation Division.

Please check (✓) each week you wish your child to attend:

WEEKS 1-6: Monday - Friday

- Week 1 June 28 -July 2
- Week 2 July 6 -July 9...(NO CAMP JULY 5)
- Week 3 July 12 -July 16
- Week 4 July 19 -July 23
- Week 5 July 26 -July 30
- Week 6 August 2 -August 6

PARENT / GUARDIAN AUTHORIZATION:

Please check (✓) box to verify that you have read and understand each of the following statements.

- I agree to prepay the balance of the camp fees as noted in the payment schedule. I understand that **no refunds will be honored after the camp week begins unless the program is canceled.**
- I certify that my child(ren) / applicant have no health issues that would limit his/her participation in camp activities. Any health or medical concerns have been disclosed.
- I give my permission for my child(ren) / applicant to participate in all planned camp activities, including off site trips that involve walking or riding a bus.
- I am requesting the child/youth discount. I certify that my child/children receive free/reduced school lunch. MPS School lists will be used to verify. Name of MPS school your child(ren) receive free/reduced lunch
Non-MPS students must provide proof of eligibility with registration.
- I give permission for my child(ren) / applicant to be photographed / video taped for future Milwaukee Recreation publications / promotions.
- I understand the Recreation Division is not responsible for lost, stolen or damaged personal articles.
- I give my approval for emergency contacts to be called in the event that I cannot be reached immediately.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Other than Parents / Guardians – The names listed below are authorized to pick-up my child(ren), and / or should be used as an emergency contact in the event I cannot be reached.

Name / Relation: _____

Name / Relation: _____

Name / Relation: _____

Address: _____

Address: _____

Address: _____

Home / Work / Cell #'s: _____

Home / Work / Cell #'s: _____

Home / Work / Cell #'s: _____