

CITY OF STARKE RECREATION DEPARTMENT
_____ Spring Day Camp _____ Summer Day Camp _____ Winter Day Camp
Registration and Agreement

Child's Name: _____

Address: _____

Circle One: CITY RESIDENT COUNTY RESIDENT

Date of Birth: _____

Telephone Number: (Home) _____ (Work) _____

Emergency Telephone Numbers (In case you can't be reached at the number(s) above):

Any other designated person who can pick up your child(ren): _____

Place X here _____ if your child has permission to walk or ride a bike to the Center. By placing an X, you authorize your child to sign his/herself in and out.

I HAVE READ THE INFORMATION CONCERNING THE PROGRAM AND AGREE TO ALL OF THE RULES, REGULATIONS AND POLICIES.

Print Parent's Name _____

Parent's Signature: _____ Date: _____