

# GIRL POWER REGISTRATION FORM

Date of Registration: \_\_\_/\_\_\_/20\_\_\_

Site Location: 2100 Marconi Ave, Sacramento CA 95821  
Phone: 916-486-1737 Fax: 916-486-1739 Email: ockffa@sbcglobal.net

T-shirt size \_\_\_\_\_ (Initials)

## Child's Information (Please print legibly)

Child's name (first/middle/last) \_\_\_\_\_ Name called \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Birth date \_\_\_\_\_ Age (as of registration date) \_\_\_\_\_

### Check all that apply to your child, or check "None" for those that don't apply:

- Allergies (type) \_\_\_\_\_  None  
 ADD  ADHD  None

Please indicate any special needs or issue your child has that staff should be aware of: \_\_\_\_\_

## Family Information (check parent to contact for payment and other questions)

- Mother/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Pager # \_\_\_\_\_  
Email address \_\_\_\_\_
- Father/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Pager # \_\_\_\_\_  
Email address \_\_\_\_\_

## Emergency Information

In case of emergency, please contact the following first:  Mother/guardian  Father/guardian  
Child's doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_  
Hospital preference \_\_\_\_\_  
Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

### If mother, father, or guardian cannot be reached, call:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Pager # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Pager # \_\_\_\_\_

I Authorize Day Camp Staff to allow the following individuals to pick up my child (photo id will be required):  
\_\_\_\_\_

Persons not authorized to visit or pick up my child: \_\_\_\_\_ (Court order must be attached if person listed is a parent).

This form may be submitted via fax 916-486-1739, email ockffa@sbcglobal.net, or mail PO Box 276372, Sacramento CA 95827. In order to reserve your child's spot, the registration form should be submitted with the registration fee (\$150) which is 1/3 of the total camp fee (\$450) for the 6-week session. The balance of the camp fee (\$300) must be paid by the first day of camp, unless other payment arrangements are made in advance. Payments should be made payable to Our Children's Keeper Child & Family Services.

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

