

# Redwood Day Camp 2018 Registration

For kids entering 1<sup>st</sup> through 6<sup>th</sup> grade  
July 9-12 or July 16-19, 2018



**Daily schedule:** Camp runs Monday through Thursday, 9:00am-3:00pm  
*Please bring a sack lunch.*

**Choices:** \_\_\_ Session 1 (July 9-12) \_\_\_ Session 2 (July 16-19)

Depending on space, campers may be able to attend multiple sessions. Please note that camp activities are identical for both weeks. Please specify your first and second choice for sessions. Questions? Contact RDC Director Julia Gladding at [jmgladding@gmail.com](mailto:jmgladding@gmail.com).

**Registration fees:** The cost is \$60 per camper, and \$55 for each subsequent sibling. Please make checks payable to FBC. *Please contact RDC Director Julia Gladding to inquire about a partial scholarship.* Your completed registration form **and** payment serves as confirmation for a spot for your child(ren).

### Camper Information:

(1) Child's Name: \_\_\_\_\_ Grade in Fall 2018: \_\_\_ T-shirt size: \_\_\_

Special Needs/Allergies/Medicines \_\_\_\_\_

(2) Child's Name: \_\_\_\_\_ Grade in Fall 2018: \_\_\_ T-shirt size: \_\_\_

Special Needs/Allergies/Medicines \_\_\_\_\_

(3) Child's Name: \_\_\_\_\_ Grade in Fall 2018: \_\_\_ T-shirt size: \_\_\_

Special Needs/Allergies/Medicines \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

### Emergency Info

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Additional emergency contact, relation and phone number (if parents cannot be reached):**

\_\_\_\_\_

### Permission

I hereby give permission for the above child(ren) to attend Redwood Day Camp. I will not hold Redwood Day Camp, First Baptist Church of Davis, or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. In the event of an emergency, I hereby give permission for medical attention to be administered to my child in the case of injury, illness, or accident. I realize that I will be contacted at the very earliest moment in case of such an event.

\_\_\_\_\_  
*Parent/Guardian Signature*