

CARLISLE KIDS' HOUSE

**Registration for Science Adventures, Carlisle Recreation and
Carlisle Public School Summer School Extended Camps**

Ever Been Enrolled in CEDP

YES

NO

1. Child's Name: _____

Grade: _____

2. Child's Name: _____

Grade: _____

3. Child's Name: _____

Grade: _____

Home Address: _____

Phone Number: _____

Special concerns (physical limitations, dietary restrictions, allergies, chronic health problems, etc.):

If none, please indicate by writing none. _____

Instructions to reach Parent/Guardian

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Cell phone: _____

Cell phone: _____

Emergency Contacts (other than parents) in order to be contacted

Please include at least one local contact

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Relation _____

Relation: _____

Child's Physician:

Address: _____

Phone Number: _____

Special Instructions: _____

MEDICAL EMERGENCY TREATMENT

In the event of an emergency requiring medical attention for my child, if I cannot be reached or a delay would be dangerous to my child's health, I hereby authorize the Carlisle Extended Day Program to transport my child to the nearest medical facility and/or to _____ and to secure for my child the necessary medical treatment.

Parent/Guardian Signature

Date

FRIENDS OF CARLISLE EXTENDED DAY

AGREEMENT AND INDEMNIFICATION

I/we, the parents/guardians of _____ hereby give our approval to our child's/children's participation in the program and activities of the Friends of Carlisle Extended Day during the 2006-2007 school year.

I/we assume all risks and hazards necessary or incidental to such participation, including transportation to and from activities and I/we so hereby waiver, release, absolve, indemnify and agree to hold harmless Friends of Carlisle Extended Day its officers, directors, members, agents and employees from any claim, liability, or demand arising out of any loss or injury to our child.

I/we understand and acknowledge that Friends of Carlisle Extended Day has limited insurance coverage and that, by signing this waiver, I/we agree that Friends of Carlisle Extended Day its officers, directors, members, agents and employees are not liable for any injury to my/our child in connection with the activities of the Friends of Carlisle Extended Day.

Parent/Guardian Signature

Date

Registration

Please select the following Dates/Times in which your child(ren) will be attending Carlilse Kids' House Extended Camps:

Week 1: July 2nd-6th: Mon_____ Tues._____ Wed. CLOSED Thurs._____ Fri._____

Week 2: July 9th- 13th: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____

Week 3: July 16th-20th: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____

Week 4: July 23rd-27th: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____

Week 5: July 30th-Aug 3rd: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____

Week 6: Aug. 6th- 10th: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____

Week 7: Aug.13th-17th: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____

Week 8: Aug. 20th-24th: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____

**** Note: You may always add or subtract days, this initial registration gives us a rough idea on how to proceed regarding planning of staff and activities for each week.

