



FRANK SARRIS
PUBLIC LIBRARY



All Day Summer Reading Camp Registration

Drop off starts at 8:30 a.m. Curriculum begins at 9:00 a.m. and ends at 4:30 p.m.

Last pick-up at 5:30 p.m.

Lunchtime is at 12:15-12:45 p.m. Campers must bring a brown-bag lunch. Refrigeration available.

All-Day registration is \$150.00 per child, per week.

Any pick-up after 5:30 p.m. will be billed \$20.00 per child per day.

Campers must be between the ages 5-9 to register.

Child's Name _____

Age _____ Birthdate ___/___/_____ Grade Completed _____

Child's Address _____

_____ Home Phone _____

Resident of: (circle) Canonsburg Cecil NS Twp. Other

Parent's Name _____ Preferred Phone: _____

Parent's Email: _____

WEEK	DATE	COST \$150/Week
1. Dinosaur	July 6 to 10	
2. Our Earth	July 13 to 17	
3. Archaeology	July 20 to 24	
4. Paleontology	July 27 to 31	
TOTAL COST =		

Space is limited for each week of Summer Reading Camp.

Registration forms must be completed and returned with payment to be considered complete. Payment must be made in form of cash or credit card only. No checks will be accepted.

A \$50.00 processing fee applies to any refund per session, per registration, if requested by June 1.

No refunds will be issued after June 1.

Summer Reading Camp Registration (Continued)

Child's Name: _____

Photo release for minors under 18:

I hereby give my permission for the staff of the Frank Sarris Public Library to use, reproduce, publish, and redistribute photographs taken of my child during SRC activities, whether in whole or in part, alone or along with press releases, promotional or publicity materials, reports, and pages of the library's website, whether now known or later developed.

I understand that I do not own the copyright to the photograph(s).

Initial ONE of the following:

_____ I agree to the above and grant permission for my child to be photographed

_____ I do NOT want my child to be photographed

Name of the person who will picking up the child at the end of the day and phone number

Medical Insurance Information:

Insurance Company Name _____

Record Name on Insurance _____

Group # _____ ID # _____

Other information on card: _____

Does your child have any medical conditions or allergies we should be aware? Please explain: _____

Emergency Contact Name & Phone #: _____

