



**FRANK SARRIS**  
PUBLIC LIBRARY



**PM Summer Reading Camp Registration**

**Drop off starts at 12:30 p.m. Curriculum begins at 1:00 p.m. and ends at 4:30 p.m.**

**PM registration is \$100.00 per child, per week.**

**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 \$100/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	
<b>TOTAL COST =</b>		

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 #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_