



2010 Rockland Country Day Camp Registration Form

- Session I \$300.00
 Session II \$300.00
 Sessions I & II \$550.00

Student Name: _____ Grade _____

Parents Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Cell Phone #: _____

Emergency Contact (other than you):

Name: _____ Phone #: _____

Relation: _____ Cell #: _____

Does your child have any medical condition or allergies? Yes No (Check One)

If yes, please explain:

I give my child permission to be picked up by someone other than myself as follows:
(please note ID will be required).

Name: _____ Contact #: _____

I am sending the fee by check or Paypal of \$ _____ for Rockland Country Day
Camp (please make checks payable to RCDS).

I understand that these funds are non-refundable. I give my child permission to participate
in all activities during the Arts & Crafts Camp. I agree to pick up my child promptly at
3:00pm.

X _____
Parent Signature

Date