

## March Holiday Camp Registration Form Monday – Friday, March 20 – March 24, 2023

Child's Name:	
Address: Home Phone:	<del> </del>
Mother's Name:	Cell Phone:
Email:	
Father's Name:	
Emal:	
Additional Contact Names & Phone Numbers:  1)	
2)	
Any diagnosed allergies/health conditions we should be aware of? If yes, what are the symptoms?	
In case of emergency, please check off your hospit	ral preference:
Morristown Memorial Over	rlook St. Barnabas
\$80.00/day 8:3	hild(ren) will attend at \$400.00/week and 30 AM – 5:30 PM re permitted on any camp day.
Mon. 3/20/23 Tues. 3/21/23Wed. 3/22	
than Monday Please register through Procare. You will be fee once you upload your form be Forms need to be uploaded no be	ements, children MUST be registered no later March 13, 2023 be invoiced based on your choice per child(ren) back to the parent portal in Procare. Later than Monday March 13, 2023. f 10 children must be signed up***
During the BASCC programs we will sometimes take pactivities for news articles or promotional displays.	photos of the children participating in special events or
YES, I give permission	NO, I do not give permission
need to bring a bag lunch with a beverage for my child. Mor Holiday Camp staff to treat my child in case of a medical er contacted at the above number I have listed above as soon a	s during the time he/she is in Holiday Camp. I am aware that I rning & afternoon snacks are provided. I give permission for the mergency. I understand that if it is a serious condition, I will be s possible. Also, I give my child permission to participate in ion will be taken while walking, as the Holiday Camp staff will
Parent Signature:	Date: