

# Lego Camp Registration Form

**DATE:** Feb.20-24, 2012 **TIME:** 1:00 pm-4:00 pm

Child's Name \_\_\_\_\_ M or F Age \_\_\_\_\_  
Second Child's Name \_\_\_\_\_ M or F Age \_\_\_\_\_  
Third Child's Name \_\_\_\_\_ M or F Age \_\_\_\_\_  
Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

## **PAYMENT METHOD**

\$175/member

\$275/non-member

\*\$50 off if child is signed up for February Lego Camp and Kidz Zone\*

**TOTAL AMOUNT:** \_\_\_\_\_

(Check one) CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

### **Credit Card Information:**

Name on Card \_\_\_\_\_

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Do any of your children have allergies/ drug sensitivities / medications we should be aware of? If yes, please explain:

Is your child assisted by a special needs paraprofessional at school? \_\_\_\_\_

If so, please contact Gloria Bass, Special Needs Coordinator at 762-8384 x 207 one week before event date to secure a paraprofessional.

### **EMERGENCY INFORMATION**

In the event you cannot be reached, please provide an emergency contact that you authorize to act on behalf of the care of your child.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell or beeper number \_\_\_\_\_

- I authorize the Wilton Family YMCA to administer First Aid by a trained staff and to obtain emergency medical treatment for my child. I understand the Wilton Ambulance Corp will be contacted to transport my child to the Norwalk hospital emergency room. I accept responsibility for all fees incurred in the care and transportation of my child.

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date