|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Information** | | | | |
| Last Name: | First Name: | | | Sex: |
| Street Address: | | | Apt/Unit #: | |
| City: | State: | | | Zip: |
| Date of Birth: | Age: | | | Grade: |
| Physical &/or Dietary Restrictions: | | | | |
| Medications given during the day &/or at home:  (A Medical authorization form signed by your child’s  Medical provider is needed if FITS is to give any meds) | | | | |
| Allergies: YES  NO | | | If “yes” please explain: | |
| Has your child ever been stung by a bee?  YES  NO | | | If “yes” please explain any unusual reactions: | |
| Has your child ever had a seizure?  YES  NO | | | If “yes” please explain: | |
| Areas of Special Need: | | | | |
| **Parent Information** | | | | |
| **Full Name Parent/Guardian #1:** | | | Relationship: | |
| Home Phone: | | Work Phone: | | Cell Phone: |
| Email Address: | | | | |
| **Full Name Parent/Guardian #2:** | | | Relationship: | |
| Home Phone: | | Work Phone: | | Cell Phone: |
| Email Address: | | | | |
| **Emergency Contact: Full Name & Relationship:** | | | Phone: | |
| **Person #1 authorized to pick up child and Relationship to Child:** | | | | |
| **Person #2 authorized to pick up child and Relationship to Child:** | | | | |
| Physician Name: | | | Phone: | |

**PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES:**

1. Your child’s registration form, reports/IEP will be reviewed. You will be notified of the need for additional information.

2. Payment is due upon registration. Registration fee must be paid to reserve a spot for your child. A Non Refundable Fee of $100 will be incurred if cancellation occurs one month or more prior to the registered camp week. Half of the registration fee will be forfeited if cancelled within two weeks of registered camp week regardless of illness or vacation.

3. Registrations will be considered on a first come / first served basis. FITS reserves the right to cancel any program due to insufficient enrollment.

4. Each attendee must submit proof of immunization with the registration form, which may be obtained from the child’s healthcare provider.

5. Additional charges apply for children who require 1:1 assistance, which may be determined before the start of summer programs, or once programs are in progress.

6. If camper is not picked up within the 15 min grace period after camp end time an additional charge will be accrued.

7. FITS Summer Camps are NOT reimbursable by insurance, but may qualify for HSA or Flex Spending Accounts.

**PARTICIPATION AUTHORIZATION**

I hereby approve participation of my child (Click here to enter text. ) in FITS Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child’s participation.

Parent/Guardian Signature:  Click here to enter text.

Print Parent/Guardian Name:  Click here to enter text.

Date: Click here to enter a date.