

# **Bay County/Bay City Public Schools Free Summer Recreation Program**



Register your children ages 6—12 years for a special summer recreation program, open to all children at **no charge**. Children must be registered prior to the beginning the sessions.  
**Limited openings. First come, first served.**

## **Site:**

Washington Elementary School  
Limited to 150 openings

## **Dates and Times:**

Program Begins June 14 and runs thru July 29, 2010  
Program runs Monday – Thursday  
8:30 am – 3:00 pm  
(There will be no program July 5 thru July 8)

**Breakfast and lunch are provided free of charge!**

## **To register:**

Parent may register their child at their school office thru Friday May 21, 2010

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**Limited openings. First come, first served.**

## **Site:**

Washington Elementary School  
Limited to 170 openings

## **Dates and Times:**

Program Begins June 14 and runs thru July 29, 2010  
Program runs Monday – Thursday  
8:30 am – 3:00 pm  
(There will be no program July 5 thru July 8)

**Breakfast and lunch are provided free of charge!**

## **To register:**

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BAY COUNTY/BAY CITY PUBLIC SCHOOLS  
SUMMER VIP PROGRAM  
CHILD INFORMATION RECORD  
**(PLEASE COMPLETE ONE FORM FOR EACH CHILD)**

Date: \_\_\_\_\_

**VIP will be offered to all students at Washington Elementary**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

School last attended \_\_\_\_\_ Last grade completed \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name(s) of siblings applying for the Summer VIP Program \_\_\_\_\_

\_\_\_\_\_  
Father /Legal Guardian Name

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Home Address (If not child's address)

\_\_\_\_\_  
Home Address (If not child's address)

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Home and Cell Phone

\_\_\_\_\_  
Home and Cell Phone

\_\_\_\_\_  
Employer/School Name

\_\_\_\_\_  
Employer/School Name

\_\_\_\_\_  
Address (Employer/School)

\_\_\_\_\_  
Address (Employer/School)

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Employer/School Phone

\_\_\_\_\_  
Employer/School Phone

\_\_\_\_\_  
Hours of Employment/School

\_\_\_\_\_  
Hours of Employment/School

Name of local person to be notified in an emergency (when parent not available) \_\_\_\_\_

Address of emergency person \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name(s) of person other than parent/legal guardian to whom child may be released \_\_\_\_\_

My child has permission to walk home from the program Yes \_\_\_\_\_ No \_\_\_\_\_

My Child is in good health and free from communicable diseases Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain any medical/physical problems or activity restrictions \_\_\_\_\_

Please check one:

\_\_\_\_\_ I give permission to Bay County/Bay City Public Schools VIP program to secure emergency medical and/or emergency surgical treatment for the above named minor.

\_\_\_\_\_ I do not give permission to Bay County/Bay City Public Schools VIP program to secure emergency medical and/or emergency surgical treatment for the above named minor.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Child's physician/health clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preferred for emergency treatment \_\_\_\_\_

Health insurance policy name and number \_\_\_\_\_

Allergies, if any \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

I hereby give my permission to the Bay County/Bay City Public Schools VIP Program for my child to be transported in a vehicle and /or participate in field trips.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

I hereby give my permission to the Bay County/Bay City Public Schools VIP Program for my child to participate in swimming pool activities

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date