

2018 HOT WHEELS CHRISTMAS BREAK REGISTRATION FORM

HOURS OF OPERATION: 7am-6pm

- Late pick-up fee after 6pm: \$1.00 per minute

CHRISTMAS BREAK CAMP OPTIONS: Please check day(s) attending

Wed (12/19) _____ Thur (12/20) _____ Fri (12/21) _____
 Thur (12/27) _____ Fri (12/28) _____

RATE: \$25 Daily Rate

- **Contacts:** (251) 753-4879 or (251) 626-5120 Email: jennifer@hotwheelsdaphne.com

NOTICE TO PARENTS:

- Full payment must be received upon registration. **No Refunds are given for missed days.**
- I give my permission for my child or children to be transported by Hot Wheels
- Playtime includes but not limited to: Video games, skating, air hockey, pool table, board games, movies, basketball, arts and crafts and more!
- 2 snacks provided (can bring additional snack if desired)
- **Bring a packed lunch from home daily.**
- Snack bar and stuff shop will be opened from 1-4pm ONLY (optional)
- Please attach a copy of medical insurance card and shot record, if you have not attended a camp at Hot Wheels before.

Child's Name: _____ **Nick Name:** _____

I HAVE READ UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE:

X _____ Date: _____

Signature Required

Address: _____

Parents email: _____

Primary Telephone: _____ Secondary Telephone: _____

Female: _____ Male: _____ Date of Birth: _____ Age: _____

School Child Attends: _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Mother's Employer: _____ Telephone: _____

Father's Employer: _____ Telephone: _____

Medical Needs or Medications: _____

Person(s) the may be released to:

Name	Relationship to student	Telephone number

Person(s) to be contacted in an emergency if parent(s) /guardian(s) cannot be reached:

Emergency Medical Treatment

In the event _____ (student name), becomes ill or sustains an injury while in the care of or under the supervision of the Christmas break, coordinators/director, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

I HAVE READ UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE:

X _____ Date: _____

Signature Required