

2019 HOT WHEELS THANKSGIVING BREAK REGISTRATION FORM

HOURS OF OPERATION: 7am-6pm

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

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

MON (11/25) _____ TUES (11/26) _____

RATE: \$25 Daily Rate, \$20 additional sibling

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

NOTICE TO PARENTS:

- Full payment must be received upon registration. Cash or check only. **No Refunds are given for missed days.**
- 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 or \$5 for fresh, hot lunch each day. (Pizza or Hot Dog, chips, cookies and drink)**
- 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 _____ **Signature Required** Date: _____

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) your child may be released to (other than parents):

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 Thanksgiving 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 _____ **Signature Required** Date: _____