

HOT WHEELS SPRING BREAK 2020 REGISTRATION FORM

HOURS OF OPERATION: 7am-6pm

- Late pick-up fee after 6pm: \$1.00 per minute (must be paid at time of pick up)

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

Mon (04/06) _____ Tue (04/07) _____ Wed (04/08) _____ Thurs. (04/09) _____ Fri (04/10) _____

RATE: \$95 Full Time (4-5 Days) Sibling Discount \$85.00. \$75 Part-Time (2-3 Days) \$35 Daily (**1 Day Only**)

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: PS3, Wii, PS4, XBOX, skating, air hockey, pool table, board games, 100 inch TV/movies, and arts and crafts
- 2 snacks provided (can bring additional snack if desired)
- **Bring a packed lunch from home daily or \$5 Daily for Lunch**
- 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 your child **has not** attended a camp at Hot Wheels before. **Registration is considered incomplete without these forms.**

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

X _____ Date: _____

Signature Required

Child's Name: _____ Nick Name: _____

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) they may be released to: (other than Mother and Father listed above)

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 Spring 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