

PARENT/GUARDIAN AGREEMENT  
2010 REGISTRATION FOR CAMP LITTLE JESTERS

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

I AUTHORIZE THE FOLLOWING PERSON(S) TO SIGN OUT MY CHILD/CHILDREN:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For any exception to the above, the parent/guardian must submit a written request and leave it with the Day Camp Director(s) the day of the change. **We will check identification.**

RE: FINANCIAL OBLIGATIONS

Because the Summer Day Camp Program is primarily a service to those parents/guardians who need supervision for their children, I know the Summer Day Camp Supervisors cannot track late accounts. I am aware that my child/children will not be eligible for summer care if bills become delinquent. My account will be kept up to date according to the rate selected.

Therefore, I agree to pay summer charges as stated above.

Signature of Parent/Guardian \_\_\_\_\_  
\_\_\_\_\_

RETURN FORMS TO THE OFFICE, ATTENTION MRS. PARKIN, OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL MRS. PARKIN AT SJHS 562-923-5073.