Youth Development
In-Person Registration Questions

Please fill out the questions below about your child(ren) to complete their registration into CRPD's Youth Development programs. *Please use one sheet per child if the info varies.* Once you have filled out the form, please turn it into the Rec Office at 5325 Engle Rd., STE 100, or email it to bdelossantos@carmichaelpark.com.

Child(ren) Name(s): _____

Parent/Guardian Name: _____ **Signature:** _____

1. Please list **AT LEAST ONE** emergency contact for your child in this program. *These individuals will be automatically authorized to pick up your child*:

Full Name	Phone Number	Relationship to Child
1.		
2.		
3.		

2. Please list up to 5 additional individuals, separate from your emergency contacts, to have on your Authorized Pick-Up List. **Note: These names can be changed at any time by accessing your online account or contacting the Recreation Coordinator*:

Full Name	Relationship to Child
1.	
2.	
3.	
4.	
5.	

3. ***Summer Camp Only:*** Can your camper swim? No ____ Yes____
4. ***Summer Camp Only:*** Please describe your camper's swimming abilities and any specific information/instructions for staff regarding your camper and swimming.

_____

5. What school does your child attend? _____
6. What grade is your child in? _____ How old is your child? _____
7. My child can use the bathroom without any assistance. No ____ Yes____
8. If your child attends CMP Carmichael or does not need van transportation to our program, please select "YES" to receive a $10/week discount. No ____ Yes____
9. Does your child have any food allergies/dietary restrictions? No ____ Yes____ (please explain below)

_____

10. Does your child have asthma, allergies, or any medical conditions you'd like the staff to know? No____ Yes__ (please explain below)

_____

11. Do you have any additional information or helpful tools to share with staff to ensure your child has a fun and successful experience in program?

_____

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