

Registration Form
Health History and Consents

Please fill this form completely and sign it prior to your arrival at After School Adventures. We recommend that you consult with your family physician when completing this form as necessary. Bring this form with you to After School Adventures, where it will be reviewed by our staff. Attach additional pages as needed.

Please note that After School Adventures at the Warren Willis camp is not a special needs program and may not be suited for individuals with special needs.

Student Information:

Student's name: _____ Gender M F

Package A: 5 days per week (\$95/session) Package B: 3 days per week*
(\$65/session)

- A session includes, but is not limited to, two weeks in a calendar month or bi-weekly.

- If package B was selected please provide the three days care will be needed M T W TR F

- Do you want your child to participate in 15 minutes of homework time after school? **(Yes) (No)**

ALL PRICES ARE SUBJECT TO CHANGE

Has your child been dismissed from a former After School Program for any reason? **(Yes) (No)**. If yes, indicate why.

*Failure to disclose if a child has been dismissed from a former program could result in expulsion from After School Adventures.

Birth date: ___/___/___ grade in fall 2019 ___ school in fall 2019 (Fruitland Park)
(VELL) (First Academy)

Mailing address: _____ City: _____ state: _____ zip: _____

Parent email: _____

mother/guardian 1 name: _____

mother/guardian 1 email: _____

place(s) of employment: _____

Home phone: _____ work phone: _____ cell phone: _____

father/guardian 1 name: _____

father/guardian 1 email: _____

place(s) of employment: _____

Home phone: _____ work phone: _____ cell phone: _____

Student resides with: _____

If parent is not available in an emergency notify: _____

Address: _____ city: _____ state: _____

zip: _____

Home phone: _____ work phone: _____ cell phone: _____

Warren W. Willis UM Camp *352-787-4345* www.warrenwilliscamp.org



After School Adventures at Warren Willis Camp
Release Form

(one per child)

The person(s) listed below are authorized to pick up my child from After School Adventures:

Parent/guardian signature Date

Camper Name: _____

THIS CAMPER MAY BE PICKED UP BY:

1. Name (please print) _____ Relationship _____
Phone Number _____

2. Name (please print) _____ Relationship _____
Phone Number _____

3. Name (please print) _____ Relationship _____
Phone Number _____

4. Name (please print) _____ Relationship _____
Phone Number _____

5. Name (please print) _____ Relationship _____
Phone Number _____

6. Name (please print) _____ Relationship _____
Phone Number _____