



## Camp Packet Parent/Guardian Contract

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This contract is	made between the parent(s)/guardians and Exhilaration Station Fam	ily Resou	rce Center	
Parent/ Guardian				
Address				
Phone				
Email				
Parent/ Guardian				
Address				
Phone				
Email				
Child		D.O.B.		
Child		D.O.B.		
Child		D.O.B.		
Payments				
personal check, o	Exhilaration Station Family Resource Center in advance <u>by 1st day of</u> redit card, or money order are accepted. Returned Checks: <u>\$35 return</u> ck: only cash or money orders will be accepted as payment.			
The signatures below indicate agreement with this contract and with the written policies of Exhilaration Station Family Resource Center (separate documents). The Exhilaration Station Family Resource Center may change policies as needed with advance written notice.				
Parent Signatur		Date		
Parent Signature		Date		

If under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.



## Exhilaration Station Contact and Health Information



## Contact Information Child(ren)'s Name(s): Parent/Caregiver/Guardian's Name: Phone: Email: **Emergency Contact:** Phone: \_\_\_\_\_ Medical Information Allergies: Food: \_\_\_\_\_ Environmental (plants, insects, animal, other): \_\_\_\_\_\_ Any developmental disability health concerns? Any trauma related concerns? Sensory Triggers (Smells, Sounds, Stimuli, Other): Possible Limitations My child can participate in all activities: Yes \_\_\_\_\_ No If no, my child can participate with the following limitations or adaptations: I acknowledge that Exhilaration Station is NOT a licenseddaycare facility.

Date

Parent/Caregiver/Guardian Signature