



The United Arc April Sibling Camp 2019 Registration Form



Please complete both sides of this form for each child that will attend the camp. Mail or drop off registration and payment to the address below by **Friday, April 5th, 2019**. Checks payable to The United Arc. Registration fee for the week: **\$20.00 per child**. Please contact us if you would like to discuss any special accommodations or scholarships to attend.

The United Arc
294 Avenue A, Turners Falls, MA 01376
Call: Nick or Sarah at (413) 774-5558 x1004 with any questions or
Email: Nickestrada@unitedarc.org OR Sarahmarshall@unitedarc.org

Child's Name: _____

Date of Birth: _____ Gender: _____

Parent or Guardian Name: _____

Address: _____

Phone: (Home): _____ (Cell) _____

Email: _____

Please add me to The United Arc digital Newsletter

Photo Release: Yes _____ No _____

Method of payment (circle one): Check Credit Card Cash (only accepted in office)

Credit Card Type (circle one): Visa MasterCard Discover American Express Other

Name on Card: _____

Card Number: _____

Expiration: _____ (MM/YR) CCV: _____

Please describe in detail any food allergies and restrictions that your child has:

Do you have any particular activities that you would like to see during the camp?

Please describe any behavioral, medical, communication concerns (if any):

Please provide any other information that you feel will make this an enjoyable and educational experience for your child:

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: _____ (cell) _____

Please contact an AmeriCorps member or your Family Support Specialist for information.

Signature below indicates that Parent/Guardian gives permission for child listed on this registration to attend Sibling Camp. If **yes** is checked on the Photo Release, photos of the child may be used in materials to promote The United Arc both online and in print. All information is accurate to the best knowledge of the Parent/Guardian. In the event of a medical emergency, I _____ give permission for my child _____ to be transported and treated at the nearest medical facility.

Signature: _____ Date: _____

