



Child's Name	Birthdate
Child's Address	Child's Home Phone

Parent/Guardian Information

(Custody Papers must be attached if a parent is not allowed to pick up the child)

First Parent/Guardian Name	Relationship to Child
Address is different from Child	Home Phone Number Email
Work Name & Address	Work Number Cell Number
Second Parent/Guardian	Relationship to Child
Address if Different From Child	Home Phone Email
Work Name & Address	Work Phone Cell Phone

Emergency Contact Information/Two People to contact if parent(s) cannot be reached.

First Emergency Contact Name	Home Phone Number Cell Number Work Number
Second Emergency Contact Name	Home Phone Number Cell Number Work Number

List those authorized to pick up
Special needs, accommodations, allergies or food intolerances

I hereby give permission for Frederick County staff to provide basic First Aid and seek emergency medical treatment including the ordering of x-rays and routine tests. I give permission for staff to arrange the necessary medical transportation needed. I authorize emergency personnel to treat me or my child in the case of an emergency. In the instance of non-traumatic injury or medical emergency, the participant will be taken to the closest hospital.

Parent/Guardian Signature: _____ **Date:** _____

Staff Use: AM basicREC PM basicREC CAMP basicREC Site: _____



Frederick County Parks and Recreation
107 North Kent Street
Winchester, VA 22601
P - 540-665-5678
F - 540-665-9687

INSTALLMENT BILLING AUTHORIZATION

Payer Name _____

Billing Address _____

City _____ State _____ Zip _____

Payer Email Address _____

Contact Phone Number _____

Name of Child(ren) _____

Program Name and Location _____

Select One: \$ _____ AM \$ _____ PM \$ _____ AM/PM \$ _____ Camp basicREC

Select One: _____ Visa _____ MasterCard _____ Discover

Last 4 digits of CC# _____ Expiration Date (Month/Year) _____

Payroll Deduction: Frederick County Public Schools Employee Frederick County Government Employee

Authorization

I authorize the County of Frederick or its agents, to charge my account in the amount of \$ _____ per week on the 1st business day of each week. In the event that a payment has been returned due to non-sufficient funds or a credit card has been declined, the Primary Guardian will be notified. The Primary Guardian will be the only account which will receive a record of payments. I understand that this form will expire at the end of the program.

This authority will remain in effect until I notify the County in writing to cancel the Authorization. Please allow five (5) business days for changes.

I understand I am responsible for all charges associated with this enrollment.

This form cannot be processed without your signature.

Signature _____ Date _____