

## Participant Information Form

basicREC/CAMP basicREC

Updated 7/20/2014

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

**Staff Use:**    **AM basicREC PM basicREC CAMP basicREC**    **Site:** \_\_\_\_\_

**Frederick County Parks and Recreation Department**

**basicREC/CAMP basicREC Program Agreement**

The Primary Guardian is the household in which the participant lives:

Participant's Name (one per agreement):	
Primary Guardian's Name:	
Mailing Address:	
Home Phone:	Cell Phone:
Email Address:	

**FINANCIAL COMMITMENT**

**I understand I am responsible for all charges associated with this enrollment. I also acknowledge that I have received a current copy of the basicREC Parent Information Booklet and understand all policies and procedures outlined.**

\_\_\_\_\_  
**Parent/Primary Guardian's Signature**

\_\_\_\_\_  
**Date**

----- **Office Use Only** -----

Total Amount Due	Enrollment Dates	Staff Initials
\$ _____		
<b>Circle Program:   AM                      PM                      CAMP basicREC</b>		
<b>Circle Site: APR    AR    BH    EE    GB    GWM    IH    MT    OV    RBR    SW</b>		

**Frederick County Parks and Recreation Departments**

**basicREC/CAMP basicREC**

**Automated Withdrawal/ Credit Card Payment Form**

**FCPRD/107 N. Kent St./ Winchester, VA 22601/ 540-665-5678**

**DO NOT FAX OR E-MAIL THIS FORM**

Participant(s) Name:

Primary Guardian's Name:

**PRIMARY ACCOUNT HOLDER INFORMATION**

The Primary Guardian is the household in which the participant lives:

Name (as it appears) on the Card:

Card Number:

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Expiration Date: \_\_\_/\_\_\_ 3 digit verification code #(found on back of card) \_\_\_\_\_

VISA Credit/Debit/Check Card

**OR**

MasterCard

**OR**

DISCOVER

Weekly amount due for AM basicREC	\$
Weekly amount due for PM basicREC	\$
Weekly amount due for AM/PM basicREC	\$
Weekly amount due for CAMP basicREC	\$

**AUTHORIZATION FOR AUTOMATED BANK WITHDRAWAL/ CREDIT CARD PAYMENTS**

Based on the option that has been chosen, I (*the person making the account payments*) authorize the Frederick County Treasurer and my financial institution to begin withdrawals from my account or Frederick County Parks and Recreation Department to begin making charges to my credit card for payments towards the enrollment of the child(ren) listed above. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----\_Office Use Only\_-----

School Year: \_\_\_\_\_ Summer Year: \_\_\_\_\_ Canceled on: \_\_\_\_\_ Reason: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_