



Tot-lot Registration:
\$25 for all 5 days/ \$7 per day

Junior Campers (Tot-Lot) Application

Tot Lot Participant Information

This form must be accompanied by the Medical Record Form (Part A&B), a copy of your Medical Card (front and back), and Youth Protection for adults.

Tot lot Participant's Name (Note: all Tot-Lot participants must be potty trained)

Last Name: _____ **First Name:** _____

Age: _____ **Date of Birth:** ____ / ____ / ____ **Male** _____ **Female** _____

Days Participating (Select one): Tuesday Wednesday Thursday Friday All Days

Special Information about your child that might be help staff deal with his/her needs:

Parent Information

Tot-Lot is only open to children whose parents are working an activity area/ Camp staff or adult volunteer at Day Camp

Parents Name at Camp:

Last Name: _____ **First Name:** _____

Address: _____ **Zip:** _____

Phone: _____ **Email:** _____

Secondary Contact Person:

Last Name: _____ **First Name:** _____

Phone: _____ **Email:** _____

Permission / Signature

Relationship to Participant (check one): Parent ___ Guardian

I certify that the above information is correct and authorize the Applicant to fully participate in Twilight Camp (unless otherwise indicated). All Fee's Non-Refundable.

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Adult Signature: _____ **Date:** _____