WEST PARK CULTURAL CENTER

Mailing Address: 5114 Parkside Avenue * Philadelphia, PA 19131
215/473-7810 www.westparkcultural.org

CAMP GINKGO REGISTRATION

Name_____ Date of Birth_____Age_____Male___Female___
(please print)

Name of Parent/Guardian_____

Address_____City_____State_____Zip_____

Home Phone_____/_____/_____Daytime Phone_____/_____/_____Cellular_____/_____/_____

Email_____

Emergency Contact _____Relationship_____Phone____/____/_____

Name(s) of persons authorized to pick up your child_____

_____

Does your child have permission to leave on his/her own? Yes_____ No_____

If yes, describe manner of travel (walking, bus, bike, etc.)_____

Medical Information

Insurance Provider_____Insurance Group #_____

Name of Child's Physician_____Phone_____/_____/_____

List of medical conditions child may have_____

List of any prescription medication your child is taking_____

_____

I,_____(parent/guardian name) give permission for

_____ (child) to participate in West Park Cultural Center's Camp Ginkgo to be held at the Fairmount Park Horticulture Center. I understand the **camp period each week is Monday thru Friday from 8:00am to 3:00pm** with possible extended days to accommodate out-of-town trip(s). I further understand that **if my child is picked up after 3:00pm on regular days, I will be charged a $10 extended day fee**.

_____ _____

Signature of Parent/Guardian Date