



Dellwood Recreation Center
10266 W. Florissant Ave.
Dellwood, MO 63136
Phone: (314) 869-8686 Fax: (314) 869-3728
www.cityofdellwoodmo.com

2019 SUMMER CAMP APPLICATION: JUNE 10-AUGUST 2 (7:30AM-5:00PM)

CONTACT INFORMATION

Date: Name:

Address:

Primary Telephone #: Secondary Telephone #:

Registration Fee: (8 Week Session-Ages 5-13 years old-Proof of Residency Required)

Early Registration: March 19-April 16 (\$25 discount per child if paid in full during this early registration period).

Resident:	One Child: \$275	Additional Child: \$175
Non-Resident:	One Child: \$350	Additional Child: \$235

YOUTH: YS-Small YM-Medium YL-Large ADULT: AS-SMALL AM-Medium AL-LARGE AXL-EXTRA LARGE

CHILDREN IN ATTENDANCE

Name of Child	Age Category	T-Shirt Size	Registration Fee
		Total Due:	

Resident/Proof of Residency
 Non-Resident
 Received By:
 Deposit Amt.\$
 Paid On

Receipt #/Description:
 Remaining Balance\$
 Must Be Paid in Full by:
 (June 24th)

Parent/Legal Guardian-PRINT NAME

SIGNATURE/DATE

Marvin Crumer, Parks and Recreation Director/Date

NAME OF PERSON (S) AUTHORIZED TO PICK UP CHILD (must be 18 years old or older)

Name/Relationship:

Home Phone: Cell Phone: Work Phone:

Name/Relationship:

Home Phone: Cell Phone: Work Phone:

EMERGENCY CONTACTS (must be 18 years old or older)

Name/Relationship:

Home Phone: Cell Phone: Work Phone:

Name/Relationship:

Home Phone: Cell Phone: Work Phone:

HEALTH AND MEDICAL INFORMATION

Does your child require any special accommodations? Yes No

If yes, please explain:

Does your child have any special medical/dietary needs? Yes No

If yes, please explain:

List of Medications:

Allergies:

Doctor's Name: Phone Number:

Preferred Hospital:

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