## Village Creek State Park Day Camp

## **REGISTRATION FORM**

Name of Child			Age
Name of 2 <sup>nd</sup> Child			Age
Parent or Legal Guardian			
Address			
City	State	Zip Code	
Home Phone		_	
Attending (check one): Outdoor Adventure (age Wonders of Water (ages Art in the Park (ages 7-2 Outdoor Adventure (age	10-12) 10)	June 24-26 July 8-10	
Emergency Contact (Name ar 12		Number):	
Does your child have any allergies? Please explain.			
Does your child have any me	dical cond	litions? Pleas	se explain.
Does your child have any dietary restrictions? Please explain.			
Any additional information th	nat might	be helpful	
Please return this form with the avoillage Creek State Park	ctivity relea	se and paymen	t to:

201 CR 754 Wynne, AR 72396



## Village Creek State Park Day Camp Release Form

I have read the schedule of activities being offered at Village Creek State Park Day Camp. I agree to allow my child				
age to participate in all or In addition to the programs, cra	f the activities associated with day camp. Ifts, and games, my child may also			
participate in water activities an	id golf cart tours.			
Signature	Date			
Printed name				
-	the above signed who will be picking below or they will NOT be allowed to			
Name				
Relationship to child				

You will need to bring your child to the meeting room each morning at 8:30 a.m. and pick them up at 4:00 p.m. each afternoon. The cost with tax is \$75.95 per participant and should be sent with the (2) forms. We can no longer accept checks so you can mail a cash payment or call the office to pay by credit card.

Your child will be enrolled in the order in which the forms and payment are received. The camp is limited to **10** children. **Special note:** We do not provide sunscreen or insect repellant. We do recommend that you send some with your child.