



Participant Information Form

basicREC/kinderREC/CAMP basicREC

Updated 1/2010

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 if different from Child		Home Phone Number	
Name of Business / Work Address	Work Phone Number	Cell Number	
Second Parent/Guardian Name		Relationship to Child	
Address if different from Child		Home Phone Number	
Name of Business / Work Address	Work Phone Number	Cell Number	

Emergency Contact Information / Two People to contact if parent(s) cannot be reached.

First EM Contact Name	Home Phone Number
	Cell Number
	Work Number
Second EM Contact Name	Home Phone Number
	Cell Number
	Work Number
List those authorized to pick up	
Special needs accommodations, allergies or intolerances to food	

STAFF USE: AM basicREC

PM basicREC

kinderREC

CAMP basicREC

SITE: _____

School Year _____

Summer Year _____



**Frederick County Parks and Recreation Department's
 basicREC/kinderREC/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

PRIMARY ACCOUNT HOLDER INFORMATION

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

Child(ren)'s Name:
Primary Guardian's Name:

AUTOMATED BANK WITHDRAWAL PAYMENTS Using Checking / Savings Account

Staple voided check here.

AUTOMATED CREDIT CARD PAYMENTS

Name (as it appears) on the card:			
Card Number:			
Expiration Date: ____/____ 3 digit verification code# (found on back of card) _____			
VISA Credit Card	Visa Debit/Check Card	MasterCard	Discover

Weekly amount due for Before School	\$ _____
Weekly amount due for After School	\$ _____
Weekly amount due for B&A School	\$ _____
Weekly amount due for kinderREC	\$ _____
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 _____

Updated: 8/2011



PRIMARY GUARDIAN'S INFORMATION

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:
E-mail Address:	

FINANCIAL COMMITMENT

I understand that the financial commitment for this program is for all weeks enrolled. If enrollment from this program is terminated prior to its completion I will need to pay the termination fee as outlined:

School Year Termination Fee	Summer Termination Fee
\$75	\$150

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

Virginia Freedom of Information Act

Under the provisions of the (VA FOIA) Virginia Freedom of Information Act, I hereby request that any and all personal information regarding the child named below be retained by the Frederick County Parks and Recreation Department as exempt from disclosure.

Name of child: _____

Name of Parent/Guardian: _____

 Parent/Guardian Signature

 Date

----- **Office Use only** -----

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