

Mail or fax with payment to:
County Speech
411 Camino del Rio South, Suite 101
San Diego CA 92108

Questions? Contact Natalie Spino
Natalie@county-speech.com
Phone: (619) 574-8181
Fax: (619) 574-0802



Reading STARS Summer Camp Registration 2009



Student Information *Please complete one form for each student.*

Student's name _____ Date of birth ____/____/____
Last First
School/Grade _____ Age _____ Sex: M F
Parent or guardian name(s) _____
Address _____
Home phone _____ Work phone _____
Cell phone _____ Email _____
Referred by _____

Registration Procedures

Please complete a registration form for each student and return it to County Speech with payment in full to reserve your child's space. Please mail a check made out to County Speech or fax registration with credit card information below to confirm a space for your child. Enrollment limited to 15 children per session. Registration fees are non-refundable.

Deadline: Registration must be received 1 week prior to the 1st day of the camp that you are registering for. For example, if you are registering for Session 1 the deadline is June 22nd.

Reading STARS Summer Camp for Encinitas School District

Location: Flora Vista Elementary School

1690 Wandering Road

Encinitas, CA 92024

Circle or underline the session(s) you are registering for:

Session 1: June 29 – July 2 (no 3rd) Mon-Thurs, 9am-noon \$152 per student

Session 2: July 6 – July 10 Mon-Fri, 9am-noon \$190 per student

Session 3: July 13 – July 17 Mon-Fri, 9am-noon \$190 per student

Session 4: July 20 – July 24 Mon-Fri, 9am-noon \$190 per student

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Emergency Contact Information

Contact name _____ Relationship _____ Home phone _____ Work phone _____ Cell phone _____	Contact name _____ Relationship _____ Home phone _____ Work phone _____ Cell phone _____
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Health Information

Student's doctor's name _____
Doctor's phone number _____
Allergies, injuries, diseases, operations and restrictions on physical activity _____

Child Release Information

List persons AUTHORIZED to pick up student.

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

List persons NOT AUTHORIZED to pick up student.

1. _____	_____
2. _____	_____

Child in custody of: both parents mother father other _____

For Payment by Credit Card:

Name as it appears on Card _____ Circle one: Visa M/C
Credit Card Number _____ Exp. _____

The undersigned hereby gives permission for the student named above to take part in all of The Reading STARS activities, including outdoor games, photographs for promotional purposes, and absolves County Speech and the Encinitas school district from liability for any injury incurred by the student at school or during a school activity. In the event of illness or accident to the student and the above people can not be reached, school personnel is authorized to provide first aid, transport the student to any hospital and to authorize emergency medical or dental care by a duly licensed physician or dentist, and hospital care. The undersigned shall indemnify and hold harmless the school, County Speech, and any representative of it from and against any and all liability that may occur as a result of the exercise of the foregoing consent.

Signature of parent or guardian _____ Date _____