



Rockledge Rising Kinder Camp Registration

17th- August 4th, Mondays- Thursdays from 11-2PM

PLEASE PRINT CLEARLY ON THIS FORM

Last Name _____ First Name _____ Middle Initial _____

Full names of parent/legal guardians completing form:

Address: _____

Please circle if bus transportation is needed: YES NO

Phone numbers: _____

Emergency Contact Name #1: _____ Relationship: _____

Emergency Contact Phone Number: _____

Emergency Contact Name #2: _____ Relationship: _____

Emergency Contact Phone Number: _____

List all people allowed to pick up your child (Photo identification must be presented at pick-up):

Allergies/medical conditions:

I understand that all rules and regulations outlined in Prince William County Public Schools "Code of Behavior" must be followed.

Signature of Parent/Guardian _____ Date _____

Please scan and email this form to Lavern Gottshalk @gottshlx@pwcs.edu