

Health Form: Medical Alert: Yes or No Indiv. Plan of Care: Yes or No Med. Authorization: Yes or No	Health Form: Medical Alert: Yes or No Indiv. Plan of Care: Yes or No Med. Authorization: Yes or No		Health Form: Medical Alert: Yes or No Indiv. Plan of Care: Yes or No Med. Authorization: Yes or No	
FAST ROCK WORL 50 Mitchell Dr, New Haven, CT 06511 Phone: (203) 745-3366 eastrocktkd@gmail.com https://eastrocktkd.com JUNE Camp (6/23 to 6/27/2025) JULY Camp (7/21 to 7/25/2025) AUGUST Camp (8/18 to 8/22/2025)	P \$70.00 20% C	RICE: 0 per day Off sibling ollment	Office Use: Waiver on File Updated Physical of COVID Consent For Paid Stamp:	on file (w/in 2yrs) The symbol on file The symbol of the
Application Student's Full Name: Student's Full Name: Student's Full Name: Mother's Full Name: Father's Full Name: Home Phone Number: Home Address	M M Work # Work # work # email addres	/F Age: [/F Age:	DOB:	
In Case of Emergency Please Call:		Phone:		
Camp Date JUNE Camp Mon. June 23rd to Fri. June 27th JULY Camp	+ \$10.00 per student + \$10.00	9AN	s for Camp Session TIME M – 4PM TIME	+ \$10.00 per student + \$10.00
Mon. July 21st to Fri. July 25th AUGUST Camp Mon. Aug. 18th to Fri. Aug. 22nd	per student + \$10.00 per student	9AM – 4PM TIME 9AM – 4PM		per student + \$10.00 per student
Choose between the full week or specific days **A general health form must be submitted with the application for any applicants who have not done so previously!** Parent/Guardian Signature Date				
(Work Space) \$+Early Drop + Late Pick = X# Children				