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| **Better Family Life, Inc.**  **File Checklist** | | |
| **Camper(s) Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Parents/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ **Registration fee $35.00** | | ☐ **Date Paid: \_\_\_\_\_\_\_\_\_\_** |
| ☐ **Start Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Registration Form Summer 2023** | | |
| ☐ Youth Info/REGISTRATION FORM | ☐ Parent Information | |
| ☐ Emergency Contact Information | ☐ Primary Care Doctor | |
| ☐ Additional Medical Information | ☐ Consent for Medical Emergency | |
| **Payment Forms 2023** | | |
| ☐ State Assistance Information (form)(a) | ☐ State Approval Letter (b) | |
| ☐ Private Payment Contract (form) | | |
| ☐ Payment Chart | | |
| **Additional Required Documentation 2023** | | |
| ☐ State Health Statement | | |
| ☐ State Medical release | | |
| ☐ Over the Counter Meds | | |
| ☐ Prescription Medication Form | | |
| ☐ General Field Trip Form | | |
| ☐ Acknowledgement of Parent Handbook | | |
| ***Copies Required For File*** | | |
| ☐ Medical Insurance Card (*front and back*) | | |
| ☐ Immunization Records (*must be updated*) | | |
| ☐ Photo ID of Pick up Adult | | |
| ☐ Photo ID of Pick up Adult | | |