CADDO
PARISH
SHERIFF'S
OFFICE

CSI CAMP FOR KIDS
Sheriff's Safety Town
318-698-SAFE (7233)

REGISTRATION FORM

Note: ***If your child has attended our CSI Camp in the past, we ask that you not register him/her for this camp; however, we do offer many other exciting camps and programs. For additional information, please contact either Sheriff's Safety Town at 318-698-SAFE (7233) or the CPSO Academy at 318-681-0735.***

- Please provide your child with a nonperishable lunch with a beverage. **LUNCH IS NOT PROVIDED.**
- Camp participants are expected to dress appropriately. **ABSOLUTELY NO SHORTS, NO SANDALS, NO FLIP-FLOPS, AND NO OPEN-TOED SHOES.** ***This is for your child's safety!!!***
- **ABSOLUTELY NO CELL PHONES ARE ALLOWED WHILE CAMP IS IN SESSION.** In the past, this has been a source of distraction and disruption. In the event of an emergency, a staff member will contact you. If you need to contact your child during the camp, please call *Sheriff's Safety Town at 318-698-7233*.
- All completed forms must be **EITHER MAILED OR HAND-DEL IVERED TO SHERIFF'S SAFETY TOWN NO LATER THAN TWO WEEKS PRIOR TO THE START DATE OF THE CAMP** your child is registered to attend**.** Safety Town is located behind Summer Grove Baptist Church (formerly South Park Mall), and the physical address is 8910 Jewella Avenue, Shreveport, LA 71118.
- Each day camp starts at 8 AM sharp, and campers must be picked up at 3 PM.
- A t-shirt will be provided for each student. Please provide your child's t-shirt size:
  _____Adult Small _____ Adult Medium _____ Adult Large
- I agree to having my child's right thumb printed and placed on his/her CSI Camp ID Card. ___ YES ___ NO

****

Name of Applicant _____
Last *First* *M/I*

Date of Birth ____/____/____ Age _____ Home Phone _____

Address _____

City/State/Zip _____/_____/_____

****

Parent/Guardian _____

Employer _____

Daytime Phone ext. Cell Phone _____

****

Family Physician _____ Office Phone _____

Does your child have allergies? Yes _____ No _____ If yes, please list below:

_____

Current medications and dosages: _____

Emergency contacts other than parents (at least three):

_____ _____
Name *Phone*

_____ _____
Name *Phone*

_____ _____
Name *Phone*