

**Gulf Ridge Council Cub Scout Day Camp 2009 —An ALL-VOLUNTEER Program**

Tot-Lot Application  
For Children of Day Camp Staff Only

**Note:** Children attending Tot Lot should be at least 2 years old, walking well, and able to communicate basic needs.

Participant's Name: \_\_\_\_\_ Pack/Troop #: \_\_\_\_\_  
Parent's Name and Staff Position \_\_\_\_\_  
Sibling(s) Attending Camp \_\_\_\_\_  
Names and Ages of Other Siblings Attending Tot Lot \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Parent's Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Parent's Email: \_\_\_\_\_  
Are there any special needs that we need to be aware of? \_\_\_\_\_  
If this child is a preschooler, is he/she toilet trained? Yes No ***Please note that the child's parent must change all diapers and/or assist those still needing help in the restroom.***

**Tot Lot will be open during lunch and during the camp-wide special activity immediately following lunch. Tot lot open from 7:30 am- 4:30pm**

Please mark the days your child will be attending Tot Lot:

Monday  Tuesday  Wednesday  Thursday  Friday

**Optional Camp T-Shirts:** \$7.50 if ordered by March 31, \$9.00 by May 16, and \$10.00 after May 16.  
\_\_\_\_ Youth Medium \_\_\_\_ Youth Large \_\_\_\_ Adult Small

**Payment Information:**

**Medical Information: (No one will be allowed in camp without this form!)**  
I have attached the required medical form to this registration. **Initial Here:** \_\_\_\_\_

Add'l Shirts: \$ \_\_\_\_\_  
**Total for this form:** \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact your Pack Day Camp Coordinator for Registration fees for Tot-Lot. Make ***one check*** for the entire family ***payable to your pack***. LDS participants make checks payable to your ward and write "Cub Scout Day Camp" on the tithing slip.

Attach all Individual Application Forms, Medical Forms, and Transportation Forms.  
Turn the entire Family Packet in to your Pack Day Camp Coordinator.

**Registrar Use ONLY:** \_\_\_\_ date received \_\_\_\_ payment received \_\_\_\_ health form rec'd \_\_\_\_ photo rec'd  
\_\_\_\_ transportation form rec'd \_\_\_\_ Y.P. Card \_\_\_\_ completed