



## Summer Camp Enrichment Program Application Form

Child's Name: _____	Sex: ____	Age: _____	Birthday: _____	
School Attending: _____	Current Grade: K 1 2 3 4 5 6 7 8			
Weakest Subject: Reading Math	<b>ADDITIONAL SERVICE:</b> BC AC B/A			
T-shirt Size: <b>Youth</b> - XS S M L XL <b>Adult</b> - S M				
Child's Name: _____	Sex: ____	Age: _____	Birthday: _____	
School Attending: _____	Current Grade: K 1 2 3 4 5 6 7 8			
Weakest Subject: Reading Math	<b>ADDITIONAL SERVICE:</b> BC AC B/A			
T-shirt Size: <b>Youth</b> - XS S M L XL <b>Adult</b> - S M L				
Child's Name: _____	Sex: ____	Age: _____	Birthday: _____	
School Attending: _____	Current Grade: K 1 2 3 4 5 6 7 8			
Weakest Subject: Reading Math	<b>ADDITIONAL SERVICE:</b> BC AC B/A			
T-shirt Size: <b>Youth</b> - XS S M L XL <b>Adult</b> - S M L				

**Mother's Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

**Father's Information:**

Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

**Is there anyone besides the parents/guardians listed above that will be picking up your child(ren)?**    Yes    No

If yes, Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

          Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

          Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* We will need a call the day of to let us know. We will also require that the person picking up your child(ren) provide a Driver's License or State ID. This is for your child's protection.

Times you plan to drop off your child(ren): \_\_\_\_\_

Times you plan to pick up your child(ren): \_\_\_\_\_



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### **Additional Information**

What language(s) are spoken at home? \_\_\_\_\_

Please give a brief description of your child(ren)'s disposition. (Is he/she friendly by nature, aggressive, shy, withdrawn, imaginative, etc?)  
\_\_\_\_\_

Does your child have any special needs or concerns? (If yes, please specify which child.)  
\_\_\_\_\_

Does your child have an IEP? (If yes, please specify which child, and describe the IEP.)  
\_\_\_\_\_

Would there be any restrictions to play or activities? (i.e. Is your child handicapped, allergic to grass, etc. Please specify which child.)  
\_\_\_\_\_

Are there any traumatic/life-changing situations the child(ren) has/have been exposed to such as a death in the family, divorce, new sibling, etc?  
\_\_\_\_\_

In general, are there any other comments or information you would like to let us know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any specific concerns?  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Summer Camp Enrichment Program Application Form

### CHILD 1 ~ Health Information

Child's Name: \_\_\_\_\_

Allergies? No Yes *If yes, please specify* \_\_\_\_\_

Medical Conditions? No Yes *If yes, please specify* \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* \_\_\_\_\_

Has he/she ever been tested for them? No Yes *If yes, please specify* \_\_\_\_\_

**Has your child had any of the following common childhood illnesses? Please circle.**

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

**Does your child have any problems with any of these? Please circle.**

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms

### CHILD 2 ~ Health Information

Child's Name: \_\_\_\_\_

Allergies? No Yes *If yes, please specify* \_\_\_\_\_

Medical Conditions? No Yes *If yes, please specify* \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* \_\_\_\_\_

Has he/she ever been tested for them? No Yes *If yes, please specify* \_\_\_\_\_

**Has your child had any of the following common childhood illnesses? Please circle.**

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

**Does your child have any problems with any of these? Please circle.**

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms



**Summer Camp Enrichment Program Application Form**

**CHILD 3 ~ Health Information**

Child's Name: \_\_\_\_\_

Allergies? No Yes *If yes, please specify* \_\_\_\_\_

Medical Conditions? No Yes *If yes, please specify* \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* \_\_\_\_\_

Has he/she ever been tested for them? No Yes *If yes, please specify* \_\_\_\_\_

**Has your child had any of the following common childhood illnesses?** Please circle.

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

**Does your child have any problems with any of these?** Please circle.

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms

**Have you made any special arrangement for your child(ren)'s care during illness?** No Yes

Please Explain: \_\_\_\_\_

**Fee Schedule**

	<b>5 or 4 days</b>	<b>3, 2, or 1 day</b>
<b>Before or After</b>	\$25	\$20
<b>Before &amp; After</b>	\$35	\$23



## Summer Camp Enrichment Program Application Form

Summer Camp		5 or 4 days	3, 2 or 1 days
Weekly	No discount	\$140	\$90 MTW \$100 MWF

**All participants must select 6 WEEKS minimum to enroll Summer Camp**

### COMPETITIVE DISCOUNTS

The following discounts cannot be combined **with any other offers (including bulk rates)** and are for those paying weekly:

**Sibling** = 10% off

**Military** = 10% off

- ❖ Weekly rate includes field trip, transportation fee, material fee and snack. Refunds and transfers are non-negotiable.
- ❖ All field trips are covered in rate except for those included in registration fee.

### Registration Process

All enrollment forms must be completed prior to attending. Participants **must select a minimum of 6 contracted weeks** to complete enrollment process. A **\$100 non-refundable material fee** will be charged upon registration. The registration fee includes t-shirt, academic curriculum, materials, snacks and administration cost.