



## Summer Camp Registration 2017

Eligible campers should be incoming PK4(must be toilet trained-no pullups) through incoming grade 3 students. Please complete both sides of this form and print clearly.

### Camp Attendance Dates and Themes- 9am-1pm

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
<b>June 26-30</b> Master Painter	<b>July 3-July 7</b> (4 days) Master Painter	<b>July 10-14</b> Slimy Science Stuff	<b>July 17-21</b> The Zoo	<b>July 24-28</b> Under the Sea	<b>July 31-Aug.4</b> The Pond

Family Name \_\_\_\_\_

	Weeks 1,3,4-6 Fee/week	Week 2 Fee/week
<b>1 camper</b>	\$200	\$175
<b>2<sup>nd</sup> camper</b>	\$180	\$157
<b>3<sup>rd</sup> camper</b>	\$162	\$141

**There is a \$100 discount when registering your first camper for all six weeks.**

Please select the week(s) your child(ren) will be attending.

Camper 1 - Name	Grade 2016-17	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total Fee weeks 1-6
Allergies:		\$	\$	\$	\$	\$	\$	= \$

Camper 2 - Name	Grade 2016-17	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total Fee weeks 1-6
Allergies:		\$	\$	\$	\$	\$	\$	= \$

Camper 3 - Name	Grade 2016-17	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total Fee weeks 1-6
Allergies:		\$	\$	\$	\$	\$	\$	= \$

**Total owed for all campers all weeks** \_\_\_\_\_  
**Total owed minus \$100 discount for registering 1 camper all six weeks** \_\_\_\_\_  
**Payment must be received with this form. Check No.** \_\_\_\_\_

**- Summer Camp -**

**Family Name** \_\_\_\_\_

**In the event of an emergency or health issue, I request that the following secondary persons be authorized to pick up my children(ren) in case I am unable to pick up my child(ren). I also request that these persons be authorized to pick up my child(ren) from Summer Camp as needed. I agree that I or my secondary person pickup my child(ren) by the end of the Summer program at 1pm.**

**1. Parent contact** \_\_\_\_\_

**Home** \_\_\_\_\_ **cell** \_\_\_\_\_ **work** \_\_\_\_\_

**Email** \_\_\_\_\_

**Persons authorized for pick up.**

**2. Name** \_\_\_\_\_ **relationship** \_\_\_\_\_

**Home** \_\_\_\_\_ **cell** \_\_\_\_\_ **work** \_\_\_\_\_

**3. Name** \_\_\_\_\_ **relationship** \_\_\_\_\_

**Home** \_\_\_\_\_ **cell** \_\_\_\_\_ **work** \_\_\_\_\_

**Things you should know.....**

Every Friday is a beach day.

Campers should come in their bathing suit, with a towel labeled with their name.

Campers should bring a peanut free snack and drink labeled with their name.

Campers will not be eating lunch at camp.

Absences are not refunded.

**In the event my child(ren) needs emergency care, I understand the Chatham Emergency Squad will be called. I authorize emergency medical treatment. The following is the name of my child(ren)'s physician**

**Physician's Name** \_\_\_\_\_ **Phone number**

\_\_\_\_\_

**I agree to the above and will notify the school in writing if this information changes.**

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