

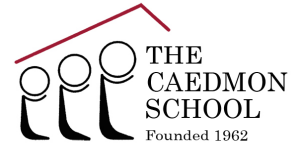


CAMP REGISTRATION PACKAGE

FOR

SUMMER 2019

CAMPER PERSONAL PROFILE
Summer 2019



CAMPER'S INFORMATION

Camper's Full Name: _____

Nickname (if any): _____ Entering Program: _____

Home Address: _____

Home Phone: _____

FAMILY MEMBER INFORMATION

Are parents separated or divorced (Y/N)? _____ *If yes, with whom does the camper live?* _____

If the answer to the following two questions is, BOTH PARENTS, please leave them blank.

Who bears the financial responsibility for the camper's summer? _____

To whom should notices and reports be sent? _____

Family Member 1

Full Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email (Primary): _____ Email (Secondary): _____

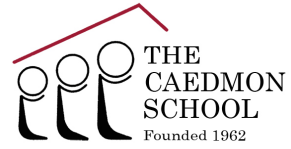
Profession: _____ Job Title: _____

Company Name: _____ Company Address: _____

CAMPER PERSONAL PROFILE
Summer 2019



CAMPER PERSONAL PROFILE
Summer 2019



FAMILY MEMBER INFORMATION CONT'D

Family Member 2

Full Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

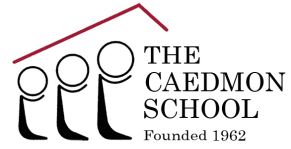
Work Phone: _____

Email (Primary): _____ Email (Secondary): _____

Profession: _____ Job Title: _____

Company Name: _____ Company Address: _____

CAMPER PERSONAL PROFILE
Summer 2019



OTHER INFORMATION

Grandparents

Name: _____ Address: _____

Name: _____ Address: _____

Siblings

Name: _____ Gender: _____ DOB: _____

Name: _____ Gender: _____ DOB: _____

Name: _____ Gender: _____ DOB: _____

Family Identity

Please describe the religious preference or cultural background of your family.

Does your family identify as an international family (Please circle yes or no)? Yes No

If yes:

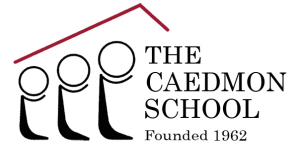
Camper's country of birth: _____

Family Member 1's country of birth: _____

Family Member 2's country of birth: _____

DISMISSAL INSTRUCTIONS

SUMMER 2019



Camper ID: _____

Camper's Full Name: _____

Please provide current dismissal instructions for your child. Your child will be dismissed only to the person(s) that you have listed below. The Camp must be informed in writing of any special arrangements (e.g. play dates, alternate pick-ups) or changes in dismissal. Special information on custodial arrangements must be submitted to the Camp in writing and will be included in your child's file along with legal documentation.

With whom will the Camper arrive to Camp?

Full Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

With whom will the Camper leave Camp?

Full Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

With whom else do you authorize the Camper to leave Camp?

Full Name: _____

Phone Numbers: _____

Full Name: _____

Phone Numbers: _____

I understand that I must notify the Camp in writing of any change to my answers to the above questions.

**DISMISSAL INSTRUCTIONS
SUMMER 2019**



Camper ID:

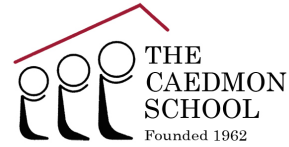
Family Member's Name (print)

Date

Family Member's Signature

EXTENDED DAY REGISTRATION

Summer 2019



Camper ID:

Extended Day is a program intended to meet the childcare needs of working parents between 3:30 and 5:00 pm Monday through Thursday.

Children must be four years old and attending camp full day. Children must be picked up at the camp no later than 5:00 pm.

Any child not picked up by 3:40 PM will automatically be placed in extended and the parents billed from 3:30 pm to the actual pick up time. For safety reasons, no child may be left unattended on the camp premises.

Billing is normally applied at the end of every session against a prepaid balance of \$50. Once the prepaid balance is exhausted, parents will be asked to pay the bill promptly.

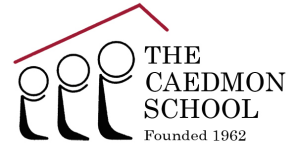
In an emergency, drop-in or ad hoc Extended Day is available to parents who have not registered for Extended Day. The balance in these instances must be paid promptly. After three instances, parents will be requested to pay the \$50 deposit.

Please register for Extended Day and include a \$50 non-refundable deposit.

You will be billed at the rate of \$20 per hour of attendance.

Camper's Name:	_____
Parent's Name:	_____
Parent's Signature:	_____
Home Phone:	Cell phone: _____
Indicate what days your child will need Extended Day.	_____

**PUBLIC RELATIONS PERMISSION
SUMMER 2019**



Camper's Name: _____

Throughout the summer, photographs and videos are taken of The Caedmon School Discovery Camp campers and families in class, on field trips, and in a variety of camp activities. Some of these photographs and videos may be used for public relations purposes in materials including camp brochures, newsletters, and advertisements for The Caedmon School Discovery Camp. Neither your name nor your child's name will be published in any publication other than the Camp newsletter.

I hereby give permission to The Caedmon School Discovery Camp to use photographs or videos of my child or me for public relations purposes.

I understand that this permission remains valid until revoked by me in writing.

Family Member's Name

Family Member's Signature

Date

**WEBSITE AND SOCIAL MEDIA
PERMISSION FORM
SUMMER 2019**



One advantage to having a camp website and a Facebook page is the opportunity it gives us to share current and archival photos of campers, families, and counselors going about their daily activities and participating in camp events. The ability to update this regularly is a wonderful tool for community sharing.

Since it is more 'public' than in-house publications, we need your permission to use photos and videos of you and your children on The Caedmon School Discovery website. No names of current campers or families will be used in conjunction with photographs or images.

We hope you will visit the website and our Facebook Page often, for a plethora of information to learn more about the camp's plans, philosophy, activities, and pertinent information.

_____ Yes, I give my permission for The Caedmon School Discovery Camp to use photos of me

_____ my child

_____ No, I would prefer that The Caedmon School Discovery Camp did not use photos of me

_____ my child

I understand that this permission remains valid until revoked by me in writing.

Student's Name

Family Member's Name

Family Member's Signature

Date

Camper ID:

As part of the camp program, Caedmon students visit museums and other local places of interest. Staff shall accompany Campers at all times, and appropriate, adequate supervision shall be provided at every level of a camp trip.

I grant permission for _____ to participate in the following trips outside the Camp as it may relate to his/her particular camp division:

CONTACT INFORMATION:

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Alternative Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Doctor's Name: _____

Phone Number: _____

Allergies or other pertinent medical Information:

Any student field trip, in which The Caedmon School Discovery Camp campers and staff participate, is subject to cancellation if political, weather, or other conditions arise that could place staff or students in potential danger. Such decisions shall be made judiciously and in as timely a manner as possible. The Camp is not responsible for losses incurred as a result of interruption or cancellation of a field trip.

A separate permission slip will be sent home to families specifying the trips for the entire summer, by division.