

2017 Highland Academy Summer Camp @ Stockton University Camper Registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of Jan 1 \_\_\_\_\_

Daily campers: Please check off days attending

8-3:15 \$55	M	T	W	TH	F
8-5:30 \$65					

**PAY ALL 9 WEEKS in ADVANCE BY APRIL 1- \$200 (8-3) PER CAMPER PER WEEK**

**PAY ALL 9 WEEKS in ADVANCE BY APRIL 1 -\$235 (8-5:30) per CAMPER PER WEEK**

<b>Camper #1</b>	<b>8-3:15 \$245</b>	<b>8-5:30 \$280</b>
<b>Camper #1</b>	<b>Pay weekly rate in full by 4/1/17</b>	
	<b>8-3:15 \$220</b>	<b>8-5:30 \$255</b>
<b>Camper #2 (sibling)</b>	<b>8-3:15 \$235</b>	<b>8-5:30 \$270</b>
<b>Camper #2 (sibling)</b>	<b>Pay weekly rate in full by 4/1/17</b>	
	<b>8-3:15 \$210</b>	<b>8-5:30 \$245</b>

**Unscheduled care after 3:15 results in an additional \$20 fee per day.**

A \$50 deposit per week is required for each week attending. All balances must be paid prior to the week your child is attending. **Refunds will not be given after May 18.**

Indicate a camp choice below:

<input type="radio"/> <b>Mini Camp</b> (Pre-k to 1 <sup>st</sup> grade)	<input type="radio"/> <b>Art Camp</b>	<input type="radio"/> <b>Sports Camp</b>
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Please select below weeks attending.

Weekly campers, please check off weeks attending

<u>Week</u>	<u>Paid</u>	<u>Week</u>	<u>Paid</u>
1 <input type="radio"/> 6/19-23		6 <input type="radio"/> 7/24-28	
2 <input type="radio"/> 6/26-30		7 <input type="radio"/> 7/31-8/4	
3 <input type="radio"/> 7/3-7 closed 7/4		8 <input type="radio"/> 8/7-11	
4 <input type="radio"/> 7/10-14		9 <input type="radio"/> 8/14-18	
5 <input type="radio"/> 7/17-21			

**Medical Information**

List all medicine your child takes on a regular basis: \_\_\_\_\_

List allergies if any: \_\_\_\_\_

Please check if camper has a medical issue with: Asthma \_\_\_ Bee stings \_\_\_ Please provide medicine with doctor's orders for treatment.

I have read and verified all camp selections on this application. I understand that non-attendance does not entitle me to a refund or make up days. This includes non-attendance due to illness, vacation, etc. I hereby authorize the staff of Highland Academy Summer Camp to act according to the best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program. I also understand the camp retains the right to use photographs and videos of campers taken at camp for publicity and advertising purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**(Complete other side)**

CAMPER INFORMATION

Last name: \_\_\_\_\_ First name \_\_\_\_\_

M/F \_\_\_\_ Date of birth \_\_\_\_\_ Grade in Sept \_\_\_\_ School \_\_\_\_\_

**PARENT/GUARDIAN # 1 INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Indicate which # to call 1<sup>st</sup>, then 2<sup>nd</sup> in case of emergency:

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Employer address \_\_\_\_\_

**PARENT/GUARDIAN # 2 INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Indicate which # to call 1<sup>st</sup>, then 2<sup>nd</sup> in case of emergency:

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Employer address \_\_\_\_\_

**Emergency Contact other than persons above:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to camper \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to camper \_\_\_\_\_