

2018 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

RATE	M	T	W	TH	F
9-3:15 \$55					
9- 5:30 \$65					

PAY ALL 9 WEEKS in ADVANCE BY March 29- \$200 (8-3:15) PER CAMPER PER WEEK

PAY ALL 9 WEEKS in ADVANCE BY March 29 -\$235 (8-5:30) per CAMPER PER WEEK

Camper #1	9-3:15 \$245	9-5:30 \$280
Camper #1 Weeks paid in full by 3/29/18	9-3:15 \$220	9-5:30 \$255
Camper #2 (sibling)	9-3:15 \$235	9-5:30 \$270
Camper #2 (sibling) Weeks paid in full by 3/29/18	9-3:15 \$210	9-5:30 \$245

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"/> Mini Camp (Pre-k to 1 st grade)	<input type="radio"/> Art Camp	<input type="radio"/> Sports Camp
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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"/> 6/18-22		6 <input type="radio"/> 7/23-27	
2 <input type="radio"/> 6/25-29		7 <input type="radio"/> 7/30-8/3	
3 <input type="radio"/> 7/2-6 closed 7/4		8 <input type="radio"/> 8/6-10	
4 <input type="radio"/> 7/9-13		9 <input type="radio"/> 8/13-17	
5 <input type="radio"/> 7/16-20			

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 1st, then 2nd 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 1st, then 2nd 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 _____