

2019 Highland Academy Summer Camp @ Stockton University Camper Registration

Last Name _____ First Name _____

Date of Birth _____ Age as of Jan 1 _____

Camper 1	9 AM - 3 PM \$245	9 AM - 5:30 PM \$280
Sibling 2	9 AM - 3 PM \$235	9 AM - 5:30 PM \$270
Sibling 3	9 AM - 3 PM \$225	9 AM - 5:30 PM \$260

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 circle below which session camper is attending

9 AM to 3 PM \$55 Daily	9 AM to 5:30 PM \$65 Daily
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Unscheduled aftercare will result in an additional \$20 fee per camper

Please check off weeks attending and circle days attending.

Week	Paid	Week	Paid
1 <input type="radio"/> 6/17-21 M T W TH F		6 <input type="radio"/> 7/22-26 M T W TH F	
2 <input type="radio"/> 6/24-28 M T W TH F		7 <input type="radio"/> 7/29-8/2 M T W TH F	
3 <input type="radio"/> 7/1-5 closed 7/4 M T W TH F		8 <input type="radio"/> 8/5-9 M T W TH F	
4 <input type="radio"/> 7/8-12 M T W TH F		9 <input type="radio"/> 8/12-16 M T W TH F	
5 <input type="radio"/> 7/15-19 M T W TH F			

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.**

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 accordingly to the best judgment in any emergency requiring medical attention and I hereby waive and release the camp from 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 _____