

2020 Highland Academy Summer Camp @ Stockton University Camper Registration

Last Name _____ First Name _____

Date of Birth _____ Age as of June 1 _____

Pay all 9 weeks in full by 3/23

9 AM to 3 PM 1st camper \$200 (\$1800) - 2nd sibling \$190 (\$1710) - 3rd sibling \$180 (\$1620)
9 AM to 5:30 PM 1st camper \$235 (\$2115) - 2nd sibling \$225 (\$2025) - 3rd sibling \$215 (\$1935)

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
Pay in full by 3/23	Camper 1	9 AM - 3 PM	\$220	9 AM - 5:30 PM \$255
Pay in full by 3/23	Sibling 2	9 AM - 3 PM	\$210	9 AM - 5:30 PM \$245
Pay in full by 3/23	Sibling 3	9 AM - 3 PM	\$200	9 AM - 5:30 PM \$260

Choose a camp 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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Choose a session:

<input type="radio"/> \$55 Daily 9 AM – 3 PM	<input type="radio"/> \$65 Daily Extended 9 AM – 5:30 PM
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Unscheduled aftercare 3:16- 5:30 - \$20 fee per camper Late pickup after 5:30 - additional \$20 fee

Check weeks and circle days below:

Week	Paid	Week	Paid
1 <input type="radio"/> 6/22-6/26 M T W TH F		6 <input type="radio"/> 7/27-7/31 M T W TH F	
2 <input type="radio"/> 6/29- 7/2 M T W TH		7 <input type="radio"/> 8/3-8/7 M T W TH F	
3 <input type="radio"/> 7/6-7/10 M T W TH F		8 <input type="radio"/> 8/10-8/14 M T W TH F	
4 <input type="radio"/> 7/13-7/17 M T W TH F		9 <input type="radio"/> 8/17-8/21 M T W TH F	
5 <input type="radio"/> 7/20-7/24 M T W TH F			

A \$50 deposit per week is required for each week registered. All balances must be paid prior to the week your child is registered. **Refunds will not be given after May 15.**

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 _____

Email _____ Employer _____

Employer address _____ Phone # _____

In case of emergency:

1st phone # _____ 2nd phone # _____ 3rd phone # _____

PARENT/GUARDIAN # 2 INFORMATION

Last name _____ First name _____

Relationship to camper _____

Home Address: _____

City _____ ST _____ Zip _____

Email _____ Employer _____

Employer address _____ Phone # _____

In case of emergency:

1st phone # _____ 2nd phone # _____ 3rd phone # _____

Emergency Contact other than persons above:

1. Name _____ Phone _____

Relationship to camper _____

2. Name _____ Phone _____

Relationship to camper _____