

2024 Highland Academy Summer Camp @ Stockton University

Tax ID # 861-151-339/000

Registration

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

Date of Birth \_\_\_\_\_ Age as of June 1, 2024 \_\_\_\_\_

**Pay all summer sessions in full by 4/1/24**

**9 AM to 3 PM \$1760**

**9 AM to 5:30 PM \$2160**

Camper 1	9 AM - 3 PM \$270	9 AM - 5:30 PM \$320
Siblings	9 AM - 3 PM \$260	9 AM - 5:30 PM \$310
<b>Pay weeks in full by 4/1 Camper 1</b>	<b>9 AM - 3 PM \$240</b>	<b>9 AM - 5:30 PM \$290</b>
<b>Pay weeks in full by 4/1 Siblings</b>	<b>9 AM - 3 PM \$230</b>	<b>9 AM - 5:30 PM \$280</b>

**\$60 Daily 9 AM - 3 PM**

**\$70 Daily Extended 9 AM - 5:30 PM**

**Unscheduled aftercare 3:16- 5:30 - \$20 fee per camper**

**Late pickup after 5:30 - additional \$20 fee**

**Campers will be broken into groups by age**

**Check weeks and circle days below:**

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

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

**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 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 \_\_\_\_\_ or prefer not to answer

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:

1<sup>st</sup> phone # \_\_\_\_\_ 2<sup>nd</sup> phone # \_\_\_\_\_ 3<sup>rd</sup> 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:

1<sup>st</sup> phone # \_\_\_\_\_ 2<sup>nd</sup> phone # \_\_\_\_\_ 3<sup>rd</sup> phone # \_\_\_\_\_

**Emergency Contact other than persons above:**

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

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

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

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