

2012 SUMMER REGISTRATION

Please reserve the following camp sessions:

- Mini Camp I** (1 week) June 11 - June 15
 Session I* (3 weeks) June 18 - July 6
 Session II (3 weeks) July 9 - July 27
 Session III (3 weeks) July 30 - Aug. 17
 Mini Camp II (1 week) Aug. 20 - Aug. 24
 Mini Camp III (1 week) Aug. 27 - Aug. 31

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
FULL DAY (9:00 a.m. - 3:30 p.m.)					
EXTENDED CARE (7:00 a.m. - 6:00 p.m.)					
(7:00 a.m. - 3:30 p.m.)					
(9:00 a.m. - 6:00 p.m.)					

**NO
ADDITIONAL
CHARGE!**

Please print clearly:

*No Camp July 4

Child's Name _____
 Last First Middle

Child's Birthdate _____ Female Male
 Month Date Year

Age At Camp _____ Grade Next Fall _____ School _____

Home Phone _____ Child's T-Shirt Size: Small (6-8) Medium (10-12) Large (14-16)
 Adult Small Adult Medium Adult Large

Mother's Name _____ Business Phone _____ Cell Phone _____

Address _____ City/Zip _____

Business Name and Address _____ E-mail _____

Work Schedule _____

Father's Name _____ Business Phone _____ Cell Phone _____

Address _____ City/Zip _____

Business Name and Address _____ E-mail _____

Work Schedule _____

Marital Status: Married Divorced Widowed Separated

Child may be released to Mother Father Other 1. _____ 2. _____
 3. _____ 4. _____

Person to notify in case of emergency (other than parent) _____
 Name Relationship Phone

Address _____

Child's Physician _____
 Name Address Phone

Hospital preferred for emergency treatment _____ Health Insurance Program and Identification Number _____

Any dietary, food or allergy restrictions? _____

Any medical instructions? _____

Friends to be grouped with (limit 2) _____

Interests or special abilities: Art, Dance, Sports, etc. _____

Previous camp experience Summer Impressions Other (please specify) _____

Where did you hear about Summer Impressions? _____

Is there additional information that would help us better care for your child? (Ex: glasses, shyness, tubes in ears, etc.) _____

It is understood that Summer Impressions Day Camp, Inc. has the right to request the withdrawal from the camp of any child for reasons in its sole discretion at any time. It is contemplated, but not limited to, situations involving a child or parent/guardian's failure to abide by the rules and procedures set by the camp; conduct or influence of parent or child deemed by the camp to be unsuitable for continuation in the program; a child who is not benefitting from the program; any flexibilities in enrollment and such other situations as may arise. If only one parent signs this agreement, that parent agrees that he/she is also acting as an agent of the other parent with authority to enroll the child at camp.

I hereby grant permission for the use of my child's name, photograph and/or video in the media (ex: brochures, newspaper, website and video). I release Summer Impressions Day Camp, Inc., its employees and agents from any and all claims which might arise in connection with the use of said photograph and/or name as described above.

I give permission to Summer Impressions Day Camp, Inc. to secure emergency medical treatment for the above named child if required when the parent(s)/guardian and/or emergency contacts cannot be reached. I agree to send my child with a nutritional lunch. I give my permission for my child to participate in all camp activities including field trips and enclose a \$200 deposit, payable to Summer Impressions Day Camp. I further agree and understand that this \$200 deposit and all prepaid tuition are non-refundable and non-transferrable for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, or any other unforeseen circumstances, etc.

Signature _____ Parent or Legal Guardian Date _____

Signature _____ Parent or Legal Guardian Date _____