

The Stillwater School Summer Camp Application 2018

Child's Name: _____ Age: _____

Please check camps your child is attending

- | | |
|--|------------|
| <input type="checkbox"/> Young Scientists (ages 3-10) | June 18-22 |
| <input type="checkbox"/> Nature Arts (ages 3-10) | June 25-30 |
| <input type="checkbox"/> Witchcraft & Wizardry (ages 6+) | July 19-13 |

Address: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please list any persons other than yourselves who are authorized to pick up your child:

Please notify us when regular pick-up methods will vary.

IN CASE OF EMERGENCY, whom should we call if you cannot be reached?

Name/Relationship: _____

Home Phone: _____ Cell Phone: _____

Can emergency care be provided for your child if no one can be reached? **Yes** **No**

“I hereby give consent, in the event of a medical emergency where I cannot be contacted, for camp staff to obtain whatever treatment may be deemed necessary for my child from a physician in any hospital emergency department.”

Parent/Guardian Signature _____ Date _____

Known Allergies: _____

Known Medical Problems: _____

Medications Taken Regularly: _____

Program Costs:

\$180 / Week or \$40 / Day

*10% discount available for siblings and when signing up for multiple full weeks.

Please enclose a nonrefundable deposit of \$50 per family / week. The balance of payment is due on the first day of camp.

Please make checks payable to Stillwater School.