

# ***The Stillwater School Summer Camp Application 2023***

Please check camps your child/children we be attending

☐ **Nature Arts (ages 3-10)**

**June 26-30**

Child/Childrens' Name/s: \_\_\_\_\_ Age/s: \_\_\_\_\_

☐ **Fitness and Fun (ages 7-13)**

**July 10-14**

Child/Childrens' Name/s: \_\_\_\_\_ Age/s: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**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:

\$225 / Week or \$50 / Day

\*10% discount available for siblings.

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.