

The Stillwater School Summer Camp Application 2024

Please check camps your child/children we be attending

☐ **Nature Arts (ages 3-7)**

June 24-28

Child/Childrens' Name/s: _____ Age/s: _____

☐ **Nature Arts (ages 7-12)**

July 8-12

Child/Childrens' Name/s: _____ Age/s: _____

☐ **Fitness and Fun (ages 7-13)**

July 15-19

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:

\$250 / Week or \$60 / Day

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.