

SUMMER CAMP

Child’s Name: _____ Age: _____

Child’s Date of Birth: _____ Sex: _____ Grade Entering: (22 – 23) _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Student’s Address: _____

Parent/Guardian Phone: _____ Parent/Guardian Phone: _____

Parent Email: _____ Parent Email: _____

ELC: Yes: _____ No: _____

Non – Refundable Registration fee \$55.00 / family

Return this form with: Reg. fee, 1st week in full PLUS a \$10.00 deposit for each additional week

**Weekly Camp - 7:15 a.m. – 7:00 p.m. - \$165.00 PER WEEK
Initial each week you are choosing for your camper.**

June 6 - 10 _____ June 13 - 17 _____ June 20 – 24 _____

June 27 - July 1 _____ July *5 – 8 _____ July 11 – 15 _____

July 18 – 22 _____ July 25 – 29 _____

******* PLEASE READ BEFORE SIGNING *******

I understand that by signing this application and placing a deposit for any or all weeks of camp, I am committed to paying for the weeks selected whether or not my child attends. There are no refunds once I agree to place my child in a week.

I understand there are limited spaces in camp and by signing this application I have accepted my child’s space in the weeks chosen by me.

Guardian Signature: _____ Date: _____

Does your child have any allergies, food restrictions or medical problems?

If parents cannot be reached in an emergency, the following people should be contacted:

Name _____ Phone # _____ Alternate Phone # _____

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Name _____ Phone # _____ Alternate Phone # _____

Child's Name: _____ Phone: _____

SHIRT SIZES: YOUTH S M L ADULT S M L XL Additional shirts \$12.00

Shirts are only available while supplies last. Later enrollments may not receive a shirt

Photo Release

I, _____ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below.

	Grant	Do not grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on facility's website	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's bulletin boards, show to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>

Field Trips

I grant permission for my child to participate in any scheduled "off-campus trips" and agree to hold harmless Gallop's Family Center, Inc. and its agents.

(Please initial) _____

Refunds

I understand that there are NO REFUNDS for late arrival, early departure, or emergency closure of camp, or if the camper is dismissed due to disciplinary action. I am responsible for all weeks in full once a deposit has been paid and for all weeks chosen by me whether my camper attends or not.

Tuition

I, _____, am agreeing to register my child for summer camp and understand the policies outlined on this application. I agree to pay all tuition for each week chosen by me. I understand all payments will be charged through the app Brightwheel. Check payments have a processing fee of .60 and credit/debit cards are charged 2.9%.

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Parent/Guardian Signature: _____ Date: _____