



APPLICATION

\$30.00 Registration Fee per child

No Refunds

Camper (1) Name _____

DOB _____ Age _____ Last Grade completed _____

School _____ Parent(s) or Guardian Name _____

Cell _____

Business Phone _____

Email Address _____ Home address _____

City _____ Zip _____

Please check YES or NO in the boxes that apply. For questions checked YES, tell us about them in the space provided. - Food allergies NO YES _____

-Dietary regiment NO YES _____

- Medical conditions (seizures, asthma, etc.) NO YES _____

-Behavioral considerations NO YES _____

(autism, homesickness, anxiety, etc.) - Needs/limitations (physical or otherwise) NO YES _____

- Serious fears NO YES _____

- Medications* NO YES _____

Please provide other information that will help us understand your camper's needs: _____

Camper (2) Name _____ DOB _____

Age _____

Last Grade completed _____ School _____

Please check YES or NO in the boxes that apply. For questions checked YES, tell us about them in the space provided. - Food allergies NO YES _____

Dietary regiment NO YES _____

- Medical conditions (seizures, asthma, etc.) NO YES _____

-Behavioral considerations NO YES _____

(autism, homesickness, anxiety, etc.) - Needs/limitations (physical or otherwise) NO YES _____

- Serious fears NO YES _____

- Medications* NO YES _____

Please provide other information that will help us understand your camper's needs: _____

EMERGENCY INFORMATION

Emergency Contact Person(s): Name _____

Phone _____ Name _____

Phone _____ Health Insurance Policy # _____

Hospital Preference _____ Doctor _____

I give permission to City Camp Staff to secure emergency medical and/or emergency surgical treatment for the above minor child(ren) while in care. I also give permission for my child to be transported by car, ambulance, or aid car to an emergency center for treatment, and agree to hold City Camp and its employees harmless
Parent Signature _____

Please provide any other information you feel may put us in a better position to understand your child and his/her needs:

CAMPER RELEASE INFORMATION Name of person(s) in addition to parents, to whom child may be released: (please print clearly)

First and Last Name

Relationship

_____	_____
_____	_____
_____	_____

BEHAVIOR AGREEMENT

The following is a Behavior Agreement for all City Camp Campers. We ask that the parent to read this agreement to their child and discuss with them all rules and responsibilities as a City Camp Camper. Each child must agree to follow City Camp rules and sign this agreement. In the event that your child breaks any rule or responsibility agreed upon, the following is the policy of City Camp. We reserve the right to:

1. 1st Incident, child and parent will receive a verbal warning
2. 2nd Incident, child and parent will receive an additional verbal with written warning.
3. 3rd Incident, child will be dismissed from the City Camp program. Parent will be liable for any outstanding fees and **not refunded past paid fees.**
4. Any action that staff deems of direct detrimental harm to the staff or other fellow campers, child will be immediately dismissed without warning and Parent will be liable for any outstanding fees and not refunded past paid fees.

I _____ (child's name) agree that I will abide by all rules of City Camp as a City Camp Camper. These rules include, but are not limited to the following:

- (a) No hitting, kicking, spitting or biting any camper or staff member of City Camp. (b) No use of foul language written or verbal. (c) No running in the halls, destroying of property or use of violent behavior. (d) I agree that I will respect the property of others as well as treat others with respect, regardless of race, creed, color, sex, religion or national origin. (e) I will not leave City Camp grounds alone for any reason.

Camper Signature

Parent Signature.

Camper Signature

Field Trips

I agree that my child has permission to attend all field trips planned during the summer.
Parents/guardians will be notified in advance of planned trip activities. Initials _____

Notice: All campers must wear a City Camp T-Shirt to participate on any and all Field Trips- failure to do so may cause exclusion from the trip. If your child cannot attend a field trip or has to be picked up earlier than the expected return time, City Camp may have no provisional care/staff to supervise your child. It is the responsibility of the parent/guardian to plan in advance of that need..
Initials _____

Photograph/Video/Voice Release

City Summer Camp requests irrevocable consent to release photographs, slides, moving pictures and audio/visual tapes of the above named minor child for the purpose of City Camp records, public relations and/or advertising, videos, voice or text material and either with or without my child's name or photo accompanying quotation. Initials _____

Program Information

I agree that I have read the City Summer Camp Program Information and Behavior Agreement. I understand that it is my responsibility to know all the policies and procedures outlined within.
Initials _____

Day Camp Minimum Requirements

I have read, understand and agree to the day camp minimum requirements for camp registration, payments and attendance. Initials _____

T-SHIRTS -\$9.00 Each

Input Quantity -- Child Small _____ Child Medium _____ Child Lge _____
ADULT SMALL _____ ADULT MED _____ ADULT LGE _____ ADULT X-LGE _____ ADULT XXL _____

Select proposed program attendance. Drop-In Service available for Everyday Camping Only.

4 WEEK MINIMUM REQUIRED	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
CAMP WEEKS	Jun 18-22	Jun 25-29	Jul 2- 6	Jul 9 - 13	Jul 16- 20	Jul 23-27	Jul 30- Aug 3	Aug 6-10	Aug 13- 17
Simply Sports									
Puttin On A Show									
The Great Outdoors									
Everyday Camping *Drop In-Service Available									

RATES AND FEES No refunds on any tuition or fees

<p>Registration fee: \$30.00 per child Weekly Rate: \$65.00 per child</p> <p>ALL PAYMENTS ARE DUE PRIOR TO ATTENDANCE</p> <p>T-Shirts \$9.00 each</p> <p>Return Check Fee \$35.00</p> <p>\$5.00 per day Late penalty for any late payments</p>	<p>BEFORE & AFTER CARE HOURS'</p> <p>7:00 am - 8:30 am (am session) 5:00 pm - 6:00 pm (pm session)</p> <p>\$5.00 am session \$5.00 pm session</p> <p>\$1.00 per minute after 6:00 pm</p>
<p style="text-align: center;">TRIP FEES</p> <p style="text-align: center;">1 trip - \$15.00 per trip</p>	

Please select your payment Arrangements

LIGHT & EASY PAY Initial here _____ Make life simple. Make your payments early and lighten the load. Put money in your City Camp Bank	OPTION 1 Initial here _____	OPTION 2 Initial here _____	OPTION 3 Initial here _____	OPTION 4 Initial here _____
Monthly Payment Plan Payments as low as \$50.00 per month You Can START Anytime *Please note that upon arrival your City Camp Bank balances must always be equal to or exceed amount necessary for attendance Final balance due by not later than WEEK 8.	Full Summer Program Paid in Full by June 1st Receive \$15.00 Camp Credit may be used for tuition or trips only	5 Weeks paid by 1 st day of attendance Balance paid (3) weeks after 1 st day Full Summer Program only	4 weeks paid by first day of attendance Additional Weeks must be paid every (2) weeks FULL SUMMER BALANCE Due Monday Week 8	Daily Drop in Rate Due upon arrival each day of attendance

- * Sibling Discount only applies to campers Ages 4 1/2- 12 and each must attend 5+ weeks
- * All payments must be made prior to attendance -- All registration, tuition and fees are nonrefundable and non-transferable

I understand that all balances are due as designated above. **Absences do not affect pay rate.** I have circled my preferred payment option and will adhere to said option. All payments must be paid prior to camper's attendance.

- * No refunds are given.
- * Please note, **all campers must pay 2 weeks or Daily Drop-in rate by the first day of attendance**
- * Campers may switch from Drop-in to Weekly Camper on a weekly basis only.

_____ SIGNATURE