



APPLICATION

\$25.00 Registration Fee per child

No Refunds

Camper (1) Name _____
DOB _____ Age _____ Last Grade completed _____
School _____

Parent 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) NOYES _____
- 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 _____
Parent/or Guardian's Name _____
Cell _____ Business Phone _____

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 and note in file
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 or behavior deemed 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 with the weekly registration, 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 -\$7.00 Each

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

Camp Dates -- Check each day of planned attendance

| CAMP WEEKS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|------------|--------|---------|-----------|----------|--------|
| WEEK 1 | | | | | |
| WEEK 2 | | | | | |
| WEEK 3 | | | | | |
| WEEK 4 | | | | | |
| WEEK 5 | | | | | |
| WEEK 6 | | | | | |
| WEEK 7 | | | | | |
| WEEK 8 | | | | | |
| WEEK 9 | | | | | |

CAMP INFORMATION PAGE

RATES AND FEES No refunds on any tuition or fees

| | | | | | | | | | | |
|---|--|-----------------|---|------------|-------------------|---|------------|------------------|---|------------|
| <p>Registration fee: \$25.00 per child Weekly tuition: \$65.00 Drop in: \$25.00 per day</p> <p>T-Shirts \$7.00 each Return Check Fee \$35.00</p> <p>\$5.00 per day Late penalty for any late payments</p> | <p>Before & After Care Hours 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 \$1.00 per minute after 6:00 pm</p> | | | | | | | | | |
| <p>CITs who *successfully complete the program will receive: \$25.00 Gift Card, Certificate of Completion and Eligibility for Camp Counselor Position (must be age 16)</p> | | | | | | | | | | |
| <p>TRIP FEES</p> <p>Pay ahead and receive a discount</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>7 trips - \$105</td> <td>=</td> <td>(\$15.00@)</td> </tr> <tr> <td>4 trips - \$68.00</td> <td>=</td> <td>(\$17.00@)</td> </tr> <tr> <td>1 trip - \$18.00</td> <td>=</td> <td>(\$18.00@)</td> </tr> </table> | | 7 trips - \$105 | = | (\$15.00@) | 4 trips - \$68.00 | = | (\$17.00@) | 1 trip - \$18.00 | = | (\$18.00@) |
| 7 trips - \$105 | = | (\$15.00@) | | | | | | | | |
| 4 trips - \$68.00 | = | (\$17.00@) | | | | | | | | |
| 1 trip - \$18.00 | = | (\$18.00@) | | | | | | | | |

METHODS OF PAYMENTS NO CASH PLEASE AND NO REFUNDS

(Checks, Money Orders, Visa, MasterCard, Discover, AMEX and PayPal acceptable forms of payment)

Method (1) Pay Online via Pay Pal on our website www.detroitsummercamp.com

Method (2) Pay by Mail: City Camp Inc. P.O. BOX 441753 Detroit MI 48244

Method (3) Pay in Person: At our summer program location (See website for camp locations)

Please Note: March - May Payments made in person via check or money order only

June - August All forms of acceptable payment methods are accepted during camp hours

Please make all Checks and/or Money Orders Payable to: City Camp

CAMP HOURS

Monday- Friday 8:30 am - 5:00 pm

Before and After care 7:00 am- 8:30 am and 5:00 pm - 6:00 pm