



# CIT APPLICATION \$30.00 Registration Fee per child

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 \_\_\_\_\_ ADULT XXXL \_\_\_\_\_

Select proposed program attendance. Drop-In Service available

4 WEEK MINIMUM REQUIRED	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
CAMP WEEKS	Jun 17-21	Jun 24-28	Jul 1- 5	Jul 8 - 12	Jul 15- 19	Jul 22-26	Jul 29-Aug 2	Aug 5-9	Aug 12-16	Aug 19- Aug 23rd
Simply Sports										
Puttin On A Show										
The Great Outdoors										
CIT PROGRAM										

**RATES AND FEES** No refunds

<p><b>Registration fee:</b> \$30.00 per child  <b>Weekly Rate:</b> \$65.00 per child</p> <p><b>ALL PAYMENTS ARE DUE PRIOR TO ATTENDANCE</b></p> <p><b>T-Shirts</b> \$9.00 each</p> <p>Return Check Fee \$35.00</p> <p><b>\$5.00 per day Late penalty for any late payments</b></p>	<p><b>BEFORE &amp; AFTER CARE HOURS'</b></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;"><b>TRIP FEES</b></p> <p style="text-align: center;">1 trip - \$15.00 per trip</p>	

# 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](http://www.detroitsummercamp.com)**

**Method (2) Pay in Person:** At our summer program location (See website for camp location)

**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 and 5:00 pm - 6:00 pm

**Please select your payment Arrangements**

<b>LIGHT &amp; EASY PAY</b>  Initial here _____  Make life simple. Make your payments early and lighten the load. Put money in your City Camp Bank	<b>OPTION 1</b>  Initial here _____	<b>OPTION 2</b>  Initial here _____	<b>OPTION 3</b>  Initial here _____	<b>OPTION 4</b>  Initial here _____
<b>Monthly Payment Plan</b> Payments as low as \$50.00 per month You Can <b>START</b> 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.	<b>Full Summer Program Paid in Full by June 1st</b>  Receive \$15.00 Camp Credit may be used for tuition or trips only	5 Weeks paid by 1 <sup>st</sup> day of attendance  Balance paid (3) weeks after 1 <sup>st</sup> day Full Summer Program only	4 weeks paid by first day of attendance  Additional Weeks must be paid every (2) weeks  <b>FULL SUMMER BALANCE Due Monday Week 8</b>	<b>Daily Drop in Rate</b>  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