

SUMMER
2024



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*** Please check off how you heard about Win at FUN Summer Camp.***

Website__ monthly magazine__ Word of Mouth__ Flyer__ Other__

Camp weeks are for ages 4-9. Pod groups are available upon request Half -Day Program AM Session 9-12:00pm

5 Days \$300/Wk

Wk 1. June 24 - June 28	AM Session	\$ _____
Wk 2. July 9 - July 12	AM Session	\$ _____
Wk 3. July 16 - July 19	AM Session	\$ _____
Wk 4. July 23 - July 26	AM Session	\$ _____
Wk 5. July 30 - August 2	AM Session	\$ _____
Wk 6. August 6 - August 9	AM Session	\$ _____
Wk 7. August 13 - August 16	AM Session	\$ _____
Wk 8. August 20 - August 23	AM Session	\$ _____

Total Amount for _____ Wks. = \$ _____ cash _____ check # _____

Win at FUN Summer Camp Registration

Child

First _____ Middle _____ Last _____ Gender: Male__ Female__

School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2023) _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem /Allergies (food)</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's Signature _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during **Win at FUN Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Win at FUN/Demarest Farms**.

Parent's/Guardian's Initials _____

REFUNDS

I understand that no fees will be refunded for missed days or illnesses. Full payment is due upon camp registration for the weeks registered. Printed Name of Parent/Guardian: _____