



# 2019 Rhoades School Summer Camp Registration Form

Dates	Grade	Program Name	Times	Teacher	Price
<b>Week 1:</b> Jun. 24–28	K–8	<input type="checkbox"/> Summer of Discovery Camp	9:00AM – 3:00PM	Staff	\$284
	3–8	<input type="checkbox"/> MIDI Lab Music Camp	12:30PM – 3:00PM	Florentine	\$385
<b>Week 2:</b> Jul. 1–5	K–8	<input type="checkbox"/> Summer of Discovery Camp <b>(No camp on July 4)</b>	9:00AM – 3:00PM	Staff	\$230
<b>Week 3:</b> Jul. 8–12	K–8	<input type="checkbox"/> Summer of Discovery Camp	9:00AM – 3:00PM	Staff	\$284
	5–8	<input type="checkbox"/> Fashion Camp	9:00AM – 12:00PM	Vang	\$355
	1–3	<input type="checkbox"/> Art Camp	9:00AM – 3:00PM	DiGrazia	\$385
	3–8	<input type="checkbox"/> MIDI Lab Music Camp	12:30PM – 3:00PM	Florentine	\$385
<b>Week 4:</b> Jul. 15–19	K–8	<input type="checkbox"/> Summer of Discovery Camp	9:00AM – 3:00PM	Staff	\$284
	3–5	<input type="checkbox"/> Art Camp	9:00AM – 3:00PM	DiGrazia	\$385
<b>Week 5:</b> Jul. 22–26	K–8	<input type="checkbox"/> Summer of Discovery Camp	9:00AM – 3:00PM	Staff	\$284
	5–8	<input type="checkbox"/> Fashion Camp	9:00AM – 12:00PM	Vang	\$355
	1–3	<input type="checkbox"/> Art Camp	9:00AM – 3:00PM	DiGrazia	\$385
<b>Week 6:</b> Jul. 29–Aug. 2	K–8	<input type="checkbox"/> Summer of Discovery Camp	9:00AM – 3:00PM	Staff	\$284
	3–5	<input type="checkbox"/> Art Camp	9:00AM – 3:00PM	DiGrazia	\$385
<b>Week 7:</b> Aug. 5–9	K–8	<input type="checkbox"/> Summer of Discovery Camp	9:00AM – 3:00PM	Staff	\$284
<b>Week 8:</b> Aug. 12–16	K–8	<input type="checkbox"/> Summer of Discovery Camp	9:00AM – 3:00PM	Staff	\$284
	K	<input type="checkbox"/> Kinder Camp – <b>Registration opens on April 1</b>		Ruppert & Sugarman	\$285
				<input type="checkbox"/> Extended Day Fee	\$100 (per week)
				<input type="checkbox"/> Additional t-shirt \$15 each (QTY: ___ X \$15)	
				<input type="checkbox"/> Early Bird Registration Discount ( <b>on or before April 5</b> with <b>full</b> payment)	\$0
				<input type="checkbox"/> Non-Refundable Registration Fee <b>on or before May 20</b>	\$35
				<input type="checkbox"/> Non-Refundable Late Registration Fee <b>after May 20</b>	\$50
				<b>Grand Total:</b>	

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade (2019/2020 school year): \_\_\_\_\_

### T-Shirt Size\*:

Youth:  XS  S  M  L  XL

Adult:  XS  S  M  L  XL

\*Each camper receives one t-shirt with camp registration. Additional shirts are available for \$15 each.

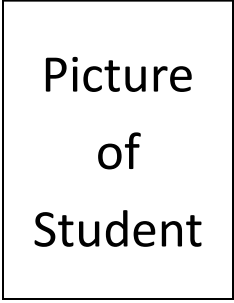
### Terms & Conditions

- A maximum of 50% refund will be returned if notice is received 7 days before the start of camp. **No refunds with less than 7 days notice.**
- All registration fees are non-refundable.
- Early bird discount includes waived \$35 registration fee if paid in **FULL** on or before Friday, April 5.
- If registration and payment received after May 20, registration fee increases to \$50.
- Acceptable payment methods: check or credit card (Visa, MasterCard or Discover - we do not accept American Express). 2% service charge will be applied to all credit card transactions. Credit card payments must be made in person.

# Rhoades School Summer Camp Emergency Card



Camper Information



**Camper's Name:** \_\_\_\_\_  Male  Female  Self-Described **Birthdate:** \_\_\_\_\_ **Grade in the fall:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_  
**Parent/Guardian 1:** \_\_\_\_\_ **Cell#:** (\_\_\_\_) \_\_\_\_\_ **Daytime#:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Parent/Guardian 2:** \_\_\_\_\_ **Cell#:** (\_\_\_\_) \_\_\_\_\_ **Daytime#:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Cell#:** (\_\_\_\_) \_\_\_\_\_ **Daytime#:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Child in custody of (Please check one):**  Both Parents  Mother  Father  Other (Specify): \_\_\_\_\_  
**Child lives with (Please check one):**  Both Parents  Mother  Father  Other (Specify): \_\_\_\_\_

Health & Medical Information

**Physician:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Dentist:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Group Medical Information:</b>	<b>Group Dental Information:</b>
<b>Carrier:</b> _____	<b>Carrier:</b> _____
<b>Group Name:</b> _____	<b>Group Name:</b> _____
<b>Group #:</b> _____	<b>Group #:</b> _____
<b>Family/Individual #:</b> _____	<b>Family/Individual #:</b> _____
<b>Medical Record #:</b> _____	<b>Dental Record #:</b> _____
<b>Other Info:</b> _____	<b>Other Info:</b> _____

Please list all allergies (An allergy action plan, completed by a physician, must be submitted to the school if your child has been prescribed an epi-pen or inhaler):  
1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_

Please list all chronic and pertinent medical conditions school officials should be aware of:  
1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_

Please explain behavioral conditions or problems of which camp staff should be aware: \_\_\_\_\_

**Medication Policy:** Parents must submit a medication form (available online or upon request) in order for school personnel to administer medication. Medication must be supplied in its original container with all labels securely attached and legible.

**Date of last tetanus shot:** \_\_\_\_\_

Release

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#:** (\_\_\_\_) \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#:** (\_\_\_\_) \_\_\_\_\_

**Parent Authorization/Medical Release:** The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the The Rhoades School staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_