## **Summer Success Camp Application**

June 24 – August 30, 2013, \$50/week, Grades pre K -8, 8 am – 4 pm

## Science, Technology, Engineering and Math (STEM)

Location: 406 Sycamore Street, Buffalo, NY 14204

Phone: Ms Gwen 704.491.5745 Website: www.thegrantlady.org

**Father: Mother** 

Please ensure you read and complete all portions of this registration form

Please contact us if you need assistance or have any questions

# 

Relationship

# **Camper Information**

Camper Name	Sex
	Last grade completed
How did you hear about The Summer Camp_	?
Health History	
· ·	ease complete to the best of your knowledge. Please ges your child's health prior to their arrival at camp.
Camper name	
Health Card #:	
Family Doctor	Phone #:
Does your camper have allergies? Yes	No
f yes, what are they allergic to?	
Does this allergy require an epi-pen	
Does you camper take any medication?	
Please list any medication and does that your	camper will be taking at camp:
Please note that all medication must be in its'	' original container and all instructions attached.
Are there any activity restrictions while at car	mp?
Any behavior issues we should know about in	order to better facilitate their experience

## **NO STRIKE POLICY**

No profane language No sexual misconduct No weapons or fighting

Violation of No Strike Policy results in removal from camp the day of, parent will be contacted.

<u>Check List:</u> Please read the following carefully to ensure that your Registration is processed correctly.

- All sections of the Registration Form must be completed
- All Forms must be accompanied by a deposit that is non-refundable
- Please ensure that you have signed where indicated in the Parent's Authorization section.
- Please ensure that the camp has all appropriate information to help your camper have a successful stay.
- Any health information that changes , needs to be communicated to the camp IN WRITING before your child starts.

#### **Parent's Authorization:**

I hereby give consent for my child to participate in Summer Success Camp and all activities unless I advise you in writing. I give permission for Summer Success Camp to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Summer Success Camp and its officers, servants or assigns from any liability concerning our child's involvement in the Summer Success Camp and further agree that the use of all Summer Success Camp facilities is made at risk of registrant.

In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

Registration must be accompanied by a Non-Refundable Deposit per camper After June 13, 2011 registration must be accompanied by full payment for the week.

#### Weekly Rate

Weekly rate will be \$50 per week. Payable on Monday mornings. Some field trips will be extra. I understand that weekly payment is due each Monday morning without excuse. Cash or money orders only! Late fee \$1 per minute after 4pm or Late pick amount or early drop off EXTRA,! \$25 Registration Holds your spot! Pay by Paypal on website:thegrantlady.org

Parent/Guardian Signature	Date			
Registration Received	yes	no		