



Application for Summer Camp 2009

Découverte de la science (Discovering Science)

June 8-19, 9am-3pm

Child's Name: _____ Gender: M ____ F ____ Grade level (Fall 2009): ____

Date of Birth: _____

Names and addresses of parents/guardians: _____

Phone: (h) _____ (w) _____ (c) _____

E-mail: _____

	Camp day: 9am-3pm	With after care: 9a-5:30p	Add morning care: 8-9am	Amount due
Camp Dates: 6/8-6/19				\$
	\$430	\$530	Add \$50	

Emergency Information

Child's Physician: _____ Phone: _____

Allergies or medical conditions: _____

Names and full addresses of two local emergency contacts (other than parents, allowed to pick up child):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Please read and initial on the lines to indicate your agreement with each of the following items:

____ 1. If the ISC determines that my child has become too ill to attend camp, I will pick up or have my child picked up as soon as possible—but in no event more than two hours—after being notified by the ISC staff.

____ 2. I authorize the ISC to seek immediate medical assistance in case of emergency when I cannot be immediately located.

3. I authorize the ISC to apply:

___ sunscreen (Water Babies SPF 45)

___ insect repellent (Buzz Away non-DEET)

___ 4. My child has never had an adverse reaction to sunscreen and/or insect repellent. (If your child has had adverse reactions to sunscreen and/or insect repellent, do not initial this item and notify the ISC administration separately in writing.)

___ 5. I will inform the ISC within 24 hours (or the next business day) if my child or any member of the child's immediate household has developed any reportable communicable diseases, as defined by the Virginia Department of Health, except for life-threatening diseases, which must be reported immediately.

___ 6. I give the ISC permission to use samples of my child's work or photographs of my child in brochures, public displays, and other promotional materials for the school.

Name: _____ Signed: _____ Date: _____

Please enclose the \$40 non-refundable registration fee with this application.

How did you hear about our camp? _____

PAYMENT SCHEDULE

➤ **Registration Fee:**

- \$40, due with each application (please complete one application per child)

➤ **Tuition:**

- A tuition deposit of \$100 per camp session is due one month prior to each camp session
- Full tuition is due one week prior to each camp session