



Application for Summer Camp 2009

Child's Name: _____ Gender: M ___ F ___ Age in June 2009: ___ years, ___ months

Date of Birth: _____ Potty-trained: ___ YES—*child MUST be potty-trained to enroll*

Names and addresses of parents/guardians: _____

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

E-mail: _____

Please indicate your camp choice here by checking the appropriate boxes and completing the "Amount due" column:

	Opt. 1: 9am-12:30pm		Opt. 2: 9am-3pm		Opt. 3: 9am-5:30pm		Add morning care: 8-9am		Amount due
	French	Spanish	French	Spanish	French	Spanish	French	Spanish	
Session I: 6/8-6/26									\$
Session II: 7/6-7/24									\$
Session III: 7/27-8/14									\$
	\$430		\$620		\$790		Add \$75		Total: \$

	Opt. 1: 9am-12:30pm	Opt. 2: 9am-3pm	Add morning care: 8-9am	Amount due
Mini-camp: 6/29-7/3				\$
	\$125	\$175	Add \$25	

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: _____

2416 Jefferson Park Avenue, Charlottesville, VA 22903

434-984-2174—www.theISC.org

The International School of Charlottesville observes a non-discrimination policy in its enrollment, educational and hiring practices.

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

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