

Earthplace Summer Camp 2010—Camper Information Form

Age Group (please check one):

- 3's 4's Entering Kindergarten Grades 1 & 2
 Grade 3 & 4 Grades 5- 7 Grades 5-9 away

Previous Earthplace Summer Camp Attendee? ___ YES ___ NO

Child's Name _____

Birth date ___/___/___ M ___F___ Grade Entering ___

School _____

Parent/Guardian Information

Parent's Name _____

Home Phone _____

Home Address _____

City, State , Zip _____

Cell # _____

Work Name & # _____

Parent/Guardian Email _____

Parent's Name _____

Home Phone _____

Home Address _____

City, State , Zip _____

Cell # _____

Work Name & # _____

Parent/Guardian Email _____

Allergies and Food Intolerances

_____ NO known allergies

_____ YES, my child is allergic to peanuts nuts milk

soy bees other _____

My child has food intolerance to gluten other _____

Due to my child's food allergies or food intolerances, I understand I must provide a snack if needed.

Emergency Medications _____

Other Medical Issues _____

Child's Doctor _____

Doctor's Phone _____

Child's Dentist _____

Dentist's Phone _____

Please indicate any other information which would be helpful in planning for your child _____

T-shirt Size: Youth XS (2-4) ___ S (6-8) ___ M (10-12) ___

Yth L (14-16) ___ XL (18-20) ___ Adult S ___ M ___ L ___ XL ___

Both the Camper Information Form and Registration Form MUST be sent in.

Emergency Information

Contacts other than parents (with permission to make decisions for the health and welfare of my child and can remove child from premises).

1) Name _____

Relationship _____

Address _____

Daytime Phone _____

2) Name _____

Relationship _____

Address _____

Daytime Phone _____

RELEASES

If parent(s) or legal guardian(s) cannot be reached in the event of an emergency I do hereby appoint the staff of Earthplace to act in my (our) behalf to administer first aid treatment and/or authorize unexpected medical, dental or surgical care and hospitalization for my child. I give permission for my child to participate in all nature trail walks and related outdoor activities, visits to the live animal hall, field trips (1st-9th graders only) as well as other Earthplace Summer Camp activities. I understand that Earthplace may take photographs or video of my child for publicity purposes.

I give Earthplace staff permission to release my child to the contacts listed above. These people have my permission to make decisions as to the welfare and health of my child.

_____ Date: _____

Signature of Parent or Guardian

Parent's Name — *Please Print*

New Camper Survey

How did you hear about us? ___ Friend ___ Ad ___ Flyer

Which:

Website _____ Publication _____

Earthplace Summer Camp 2010—Registration Form & Contract

Child's Name _____ Date of Birth _____ Home Phone _____

(one child per form, fill out this page and Camper Information Form)

Age Group

- ___ 3 Year Olds \$270 per session, 9:30 AM-12:30 PM
- ___ 4 Year Olds \$300 per session, 9:30 AM-2:00 PM
- ___ **Preschool Room** ___ **Auditorium**
- ___ Kindergarten \$300 per session, 9:30 AM-2:00 PM
- ___ **Eco Lab** ___ **Malloy Room**
- ___ Grades 1 & 2 \$335 per session, 9:30 AM-2:00 PM
- Wednesday: 9:30 AM-4:00 PM
- ___ Grades 3 & 4 \$335 per session, 9:30 AM-2:00 PM
- Wednesday: 9:30 AM-4:00 PM
- ___ Grades 5 to 7 \$490 per session, 9:30 AM-4:00 PM
- ___ Grades 5 to 9 Cape Cod Trip \$770
- July 26-30, 10:00 AM Monday to 4:00 PM Friday
- ___ CITs, ages 14 & 15 \$100 per session

Earthplace Summer Camp Contract

I understand that:

- Payment in full is due at the time of registration.
- 75% of tuition will be refunded if cancelled by May 1, 2010.
- No refunds after May 1, 2010.
- A \$25 administration fee is charged for session changes. Payment is due prior to changes.
- Payment for the full session is required, regardless of how many days my child attends.
- My child's completed medical form must be returned by May 1, 2010.
- A current Earthplace non-refundable family membership must be maintained.

Parent/Guardian Signature _____ Date _____

Parent's Name _____
Please print clearly

Session Date

- ___ A June 21-25 (3s, 4s and K only)
- ___ B June 28-July 2
- ___ C July 5-9
- ___ D July 12-16
- ___ E July 19-23
- ___ F July 26-30 (no Grade 5-7)
- July 26-30 Grade 5-9 Cape Cod Trip
- ___ G August 2-6
- ___ H August 9-13

Camp Fee Totals

Membership: ___ Existing ___ Renewing ___ New Member
(see the address label for the expiration of your membership)

\$75 Family Membership Fee _____
(for new or renewing)

Total Camp Fees _____

Before & After Care Fee _____

(Session Change Admin Fee) (_____) _____
(If changing session dates after initial registration, \$25 per session change)

Total Due _____

We prefer checks. Checks may be made payable to Earthplace.

To pay by charge, please call Doreen Gerbino in the office at 203-227-7253, ext. 101.

Before & After Care

- 8:30-9:30 AM \$50 per week
- 2:00-4:00 PM \$100 per week, 4s and K, Monday-Friday
- \$80 per week, Gr. 1-4, Mon, Tue, Thu, Fri

AM PM

- ___ A June 21-25 (4s and K only) _____
- ___ B June 28-July 2 _____
- ___ C July 5-9 _____
- ___ D July 12-16 _____
- ___ E July 19-23 _____
- ___ F July 26-30 _____
- ___ G August 2-6 _____
- ___ H August 9-13 _____

**Mail Completed Registration & Camper Information forms
and Payment in Full to**

Earthplace, PO Box 165, Westport, CT 06881

Processed by: _____ *Office use*

Date: _____ Memb. Exp. _____

Amount Paid: _____ Payment type _____