



CAMP EARLY IMPRESSIONS 2018 SUMMER APPLICATION

Child's Name: _____ Birth Date: _____
(Last, First, Middle Initial)

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Mother's Name: _____ Employer: _____

Work Number: _____ Drivers License Number: _____

Social Security Number: _____

Father's Name: _____ Employer: _____

Work Number: _____ Drivers License Number: _____

Social Security Number: _____

Please place a mark next to the week in each box that you are reserving for your child: ** (Minimum of 6 weeks)

SESSION 1	SESSION 2	SESSION 3
June 11-15	July 9-13	August 6-10
June 18-22	July 16-20	August 13-17
June 25-29	July 23-27	August 20-24
*July 2-6	July 30-August 3	August 27-30

*Closed Wednesday, July 4th for the Independence Day Holiday

Please place a mark in the box below the days your child will attend: MINIMUM OF 2 DAYS PER WEEK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
HALF DAYS					
FULL DAYS					

Previous camp and school experience: _____

What grade will your child complete in June of this school year?: _____

Friends to be grouped with (limit 2 of same age): _____

Any additional information (medical or other) that would help us better care for your child: _____

Tuition Policy

****To register, your schedule for summer camp requires SIX (6) weeks minimum attendance (2-5 days per week). Your child can attend camp anywhere from six to twelve weeks, any weeks that meet your needs. A \$75.00 MATERIAL FEE (non-refundable and not applicable to camp tuition) must accompany this application for registration. Upon submitting this signed application, the parent/guardian acknowledges the obligation to pay for the total number of weeks registered for regardless of the child's attendance. It is important to note that anyone who signs the application will be responsible for payment.** A camper will be considered dropped from camp if missing one (1) week of scheduled time with no contact from the parent/guardian. Due to the popularity of our summer program, any changes to your camper's schedule must be made no later than Friday, April 6, 2018.

TUITION PAYMENT SCHEDULE:

Camp tuition is DUE IN FULL prior to the beginning of each registered session:

SESSION 1 -- DUE ON or BEFORE June 1st

SESSION 2 -- DUE ON or BEFORE June 29th

SESSION 3 -- DUE ON or BEFORE August 3rd

If your child is registered for **ONLY SIX WEEKS** throughout the summer, tuition for those six weeks is

DUE IN FULL ON or BEFORE June 1, 2018 regardless of when those weeks are.

YOUR CHILD CANNOT ATTEND CAMP IF TUITION IS NOT SUBMITTED BY THE DUE DATES

(OVER)

I/We hereby grant permission for the use of my/our child's name, photograph and /or video in the media (ex: electronic media, area newspapers, magazines, brochures, advertising, radio or television stations, etc.) regarding camp related activities. I/We release **CAMP EARLY IMPRESSIONS**, its employees and agents from any and all claims, which might arise from or in connection with the publication and use of said photograph and/or name as described above.

I/We agree and understand that all pre-paid material fees, camp tuition fees, specialty camp fees, swimming and/or tennis fees are non-refundable or transferable for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, staff in-service days, severe weather closings, or any other unforeseen circumstances, etc.

It is understood that, at its sole discretion, **CAMP EARLY IMPRESSIONS** has the right to request withdrawal of any child from the program for any reason, at any time. It is contemplated, but not limited to, situations involving a child or parent's/guardian's failure to abide by the rules and procedures set forth by **CAMP EARLY IMPRESSIONS**; conduct of parent(s) or child deemed unsuitable by **CAMP EARLY IMPRESSIONS**; a child who is not benefiting from the program; non-payment of tuition; any flexibility in enrollment, and such other situations as may arise. I/We have read and understand the information contained in this application form.

Upon signing this agreement, the parent, legal guardian or responsible adults agree to abide by all of the provisions contained in this contract.

It is important to note that whoever signs this application will be responsible for payment.

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date

Printed Name

Cell Phone-MOM

Relationship to Child

E-Mail address-MOM

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date

Printed Name

Cell phone - DAD

Relationship to Child

E-Mail address- DAD

PLEASE LET US KNOW WHAT SIZE <u>EARLY IMPRESSIONS T-SHIRT</u> YOUR CHILD WILL NEED:			
<input type="checkbox"/> X- SMALL (2-4)	<input type="checkbox"/> SMALL (6-8)	<input type="checkbox"/> MEDIUM (10-12)	<input type="checkbox"/> LARGE (14-16)