

# 2022 SUMMER REGISTRATION

25000 W. 10 MILE ROAD, SOUTHFIELD, MI 48033

Please reserve the following camp sessions:

- Mini Session I** (1 week) June 13 - June 17  
 **Session I** (3 weeks) June 20 - July 8  
*NO CAMP JULY 4<sup>TH</sup>*  
 **Session II** (3 weeks) July 11 - July 29  
 **Session III** (3 weeks) Aug. 1 - Aug. 19  
 **Mini Session II** (3 weeks) Aug. 22 - Aug. 25



Please place a  mark in the box below the days your child will attend: **MINIMUM OF 3 DAYS PER WEEK**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Half Days:</b> (9 a.m. - 12:30 p.m.) <i>Ages 4 and Under</i>					
<b>Full Days:</b> (9 a.m. - 3:30 p.m.)					
<b>Extended Care:</b>					
(7:30 a.m. - 9:00 a.m.)					
(3:30 p.m. - 5:30 p.m.)					

**NO ADDITIONAL CHARGE!**

Please print clearly:

Child's Name \_\_\_\_\_  
 Last First Middle

Child's Birthdate \_\_\_\_\_  Female  Male  
 Month Date Year

Age At Camp \_\_\_\_\_ Grade Next Fall \_\_\_\_\_ School \_\_\_\_\_

Child's T-Shirt Size:  X-Small  Small (6-8)  Medium (10-12)  Large (14-16)  Adult Small  Adult Medium  Adult Large

Resides with (Check One):  Both Parents  Mother  Father  Other—Legal Guardian Name \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Daytime Number \_\_\_\_\_

Alternate Number \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Business Name and Address \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Daytime Number \_\_\_\_\_

Alternate Number \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Business Name and Address \_\_\_\_\_ E-mail \_\_\_\_\_

Child may be released to  Parent/Guardian1  Parent/Guardian2  Other 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Emergency Contact(s) (other than parents) \_\_\_\_\_  
 Name Relationship Phone

Child's Physician \_\_\_\_\_  
 Name Phone

Hospital preferred for emergency treatment \_\_\_\_\_ Health insurance program and identification number \_\_\_\_\_

Any dietary, food or allergy restrictions? \_\_\_\_\_

Any medical instructions? \_\_\_\_\_

Interests or special abilities: Art, Dance, Sports, etc. \_\_\_\_\_

Is there additional information that would help us better care for your child? (Ex: glasses, shyness, tubes in ears, etc.) \_\_\_\_\_

**Terms and Conditions:**

I/We understand and agree that our child(ren) may be withdrawn from the Camp at the sole discretion of the Camp's director at any time. It is contemplated, but not limited to, situations involving a child or parent/guardian's failure to abide by the rules and procedures set by the camp; conduct or influence of parent or child deemed by the camp to be unsuitable for continuation in the program; a child who is not benefiting from the program; any flexibilities in enrollment and such other situations as may arise. If only one parent signs this agreement, that parent agrees that he/she is also acting as an agent of the other parent with authority to enroll the child at camp.

I grant permission for taking and/or using my child's name and image for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I further waive any claim, including claims for compensation, of any kind for the taking, use or publication.

I give permission to secure emergency medical treatment for the above named child if required when the parent(s)/guardian and/or emergency contacts cannot be reached. I give permission for my child to participate in all camp activities and enclose a \$100.00 registration fee payable to Early Impressions, 25000 West Ten Mile Road, Southfield, MI 48033. I further agree and understand that this \$100.00 registration fee and all prepaid tuition are non-refundable and non-transferable for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, or any other unforeseen circumstances, etc.

Upon submitting this signed application, the parent(s)/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 is responsible for payment.

I/We understand and agree to the above-stated terms and conditions.

Signature \_\_\_\_\_ Parent or Legal Guardian Date \_\_\_\_\_

Signature \_\_\_\_\_ Parent or Legal Guardian Date \_\_\_\_\_