

## 2018 Summer Camp Registration

Child(ren)'s Name(s)		
Child's Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's D.O.B.		
Grade completed 2018	K    1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	K    1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>
Desired Schedule <i>(full-time schedules receive first preference)</i>	M    T    W    R    F	M    T    W    R    F
Special Needs/Conditions <i>(medical, behavioral, allergies, etc.)</i>		
Current Medications		

Parent/Guardian Name	Parent/Guardian Name
Home Address	Home Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
E-mail Address <i>(required for billing)</i>	E-mail Address
Employer	Employer
Work Phone	Work Phone

**Please enclose a \$40 (per family), non-refundable application fee, by check (payable to EC3) or credit card.**

Card type:     Visa     MasterCard     Discover     American Express

Print name as it appears on credit card:	
Credit Card Account Number:	
Expiration Date:	
Cardholder Signature / Date:	

Check this box if you wish to have future tuition payments billed to this credit card.

*(continued on next page)*



## 2018 Summer Camp Registration (cont.)

Local person other than parent(s) to notify in an emergency situation when parent is not available	
Name	Phone Number(s)

Name/phone numbers of persons other than parent to whom child may be released	
1.	2.
3.	4.

Emergency treatment information	
Name of child's physician/health care provider	
Phone number	
Address/city/state/zip	
Hospital preferred for emergency treatment	
Health insurance policy name & number	

The parent/guardian named above agrees ( <i>please initial each</i> ):	
	I have read and agree to comply with the policies stated in the EC3 Parent Handbook.
	I understand that the EC3 summer camp program begins on Monday, June 18 <sup>th</sup> and ends on Friday, August 17 <sup>th</sup> .
	I agree to pay \$200/child weekly tuition or \$40.00 daily tuition for part time, as specified and printed in the handbook, on the biweekly schedule established by EC3, and that payments are due every other Friday in advance of the weeks of care. I understand that a late fee of \$25 will be assessed if tuition is not received by the Monday following the due date. I agree to pay the late pickup fee when my child is not picked up before 6:00 p.m. (Late pickup fee is \$10 for any of the first 5 minutes and \$5 for each subsequent 5-minute period beginning at 6:00 p.m.)
	I certify that my child is in good health, has no infectious disease, immunizations are up-to-date, and that he/she has no physical limitations that would preclude his/her participation in EC3's summer camp program.
	I give permission to EC3 and the emergency care person(s) listed above to secure emergency medical treatment and non-emergency medical treatment for the child(ren) named on this form (no elective surgery).
	I give permission to EC3 for my child(ren) to be transported in a vehicle and/or participate in field trips.
	I give permission for photographs/videos of my child(ren) to be used within EC3.
	I give permission for photographs/videos of my child(ren) to be used in local media and/or on the EC3 website and social media sites.
	I give permission to EC3 to allow my child to view G- and PG-rated movies.

Parent/guardian signature	Date
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