



## 2019 Summer Camp Application

### 2019 CAMPER INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender:  Male  Female Current Grade Level: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

If there are any custody arrangements please submit legal documentation to office.

Any known allergies \_\_\_\_\_

Special medical instructions \_\_\_\_\_

All medication must be in original packaging with instructions and given to staff when child is dropped off in morning.

Special eating instructions? \_\_\_\_\_

Has your child had swimming lessons?  YES  NO Does your child know how to swim?  YES  NO

Is your child allowed to participate in swimming activities?  YES  NO

Any special water activity instructions? \_\_\_\_\_

Any additional information or instructions? \_\_\_\_\_

### FATHER/GUARDIAN

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Email Address \_\_\_\_\_ Does student live with this parent:  YES  NO

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

### MOTHER/GUARDIAN

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address same as Father's

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Email Address \_\_\_\_\_ Does student live with this parent:  YES  NO

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

### FINANCIAL RESPONSIBILITY

Which parent/guardian will be responsible for summer camp costs? \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_

## EMERGENCY CARE & CONTACTS

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

In the event of an emergency in which I/we cannot be reached or the listed physician cannot be reached, I/we hereby authorize the staff of Eagle Care Summer Camp to provide any emergency treatment deemed necessary for the life and health of my/our child. In addition to this, I/we understand that first aid may be needed and I/we authorize the staff of Eagle Care Summer Camp to provide necessary first aid.

Please list two people to pick up your child and assume responsibility of your child if you cannot be reached in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

## WEEKLY REGISTRATION SCHEDULE

Please mark the weeks and the number of days your child will be attending and total up your registration fee. ALL checked weeks will require full payment. Any weeks you do not check and later need will be on an "as available" basis

May 28 - 31 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

June 3 - 7 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

June 10 - 14 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

June 17 - 21 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

June 24 - 28 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

July 1 - 5 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

July 8 - 15 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

July 15 - 19 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

July 22 - 26 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

July 29 - Aug. 2 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

Aug. 5 - 9 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

Aug. 12 - 16 NO \_\_\_\_\_ YES(\$5) \_\_\_\_\_  5 days  3 days  2 days

**EAGLE CARE  
CAMP FEES**

5 day camp = \$125 per week  
3 day camp = \$75 per week  
2 day camp = \$50 per week

Fees include lunch, activities,  
crafts and field trips.

TOTAL REGISTRATION FEE ( # of Yes times \$5) \$ \_\_\_\_\_ is non-refundable and must be included when registration sheet is submitted. (Total Family registration fees will not exceed \$90)

VACATION NOTICE: If you know you have vacation time coming this summer but your boss has not approved the dates yet, check all the weeks and Eagle Care will allow you to take one week off without payment with 10 days written notice.

## SIGNATURES

I/We give our permission for (Child's Name) \_\_\_\_\_ to attend all the activities of Eagle Care Summer Camp. By signing I/we attest that all of the above information is true and accurate to the best of my/our knowledge and that I/we have received a copy of, have read, and agree with the summer camp policies of Eagle Care Summer Camp and the information requested on this registration form.

Father/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_