

The Schoolhouse Vacation Camps 2012

Registration Form

Which session(s) will your child attend? (circle one or both)

February Vacation Camp
February 27 - March 2

April Vacation Camp
April 23 - 27

CAMPER PERSONAL INFORMATION:

Child's Complete Name: _____

Address: _____

Past or current Schoolhouse student? YES NO

Birth date: _____

Gender: _____

City/State/Zip: _____

Current Grade: _____

Home Telephone: _____

PARENT 1

PARENT 2

Full Name: _____

Full Name: _____

Home Address (if different from child's): _____

Home Address (if different from child's): _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

If neither parent can be reached in case of emergency, call:

Please list all allergies, medication, or special dietary needs:

Name: _____

Relationship to Child: _____

Phone: _____

Alternate Phone: _____

Address: _____

Physician: _____

Telephone: _____

Does your child have special needs or receive individual assistance while at school? YES NO

If yes, please provide information on page 3. Children with special needs are welcome at Schoolhouse Camps, and parents may be asked to provide a personal care attendant or aide to attend camp with them. Please call if you have questions. (802) 578-4067

The Schoolhouse Vacation Camp Registration Form

How did you hear about the Schoolhouse Camps?

Please check below and sign indicating that you understand and agree with the following:

- I fully understand that the camp will take all reasonable precautions for every child's safety. I also understand that after reasonable precautions have been taken, some activities may involve hazards for which The Schoolhouse cannot be held responsible.
- (optional) I give permission to The Schoolhouse to photograph or video my child.
- (optional) I give The Schoolhouse permission to use photographs or videotapes taken of my child while at camp for promotion and various publications. Camper designed artwork may be used as well.
- In signing this application, I certify that health and accident insurance or Medicaid covers my child and that I am obliged to provide the camp with the name of the carrier and policy number if asked.
- In the event that my child becomes ill or injured, I authorize staff to seek emergency medical care. Staff will make every effort to notify parents if emergency medical care is administered.
 - In consideration of Schoolhouse accepting my camper's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against The Schoolhouse Learning Center, its staff and its representatives, successors and assigns for any and all injuries suffered by myself or my child in any activity sponsored by this group.

Parent Signature: _____

Date: _____

Payment - \$230 per week

Deposit:

A non-refundable fee is required with this application. \$100 is due for one week. If applying for multiple weeks, \$50 per week is due.

Subsidy:

If your family receives childcare subsidy, please contact The Schoolhouse to arrange subsidy payment or if you wish to discuss an alternative payment plan. Phone # _____

Payment Method:

- Cash
- Check
- Money Order
- Credit card (circle one below)
Mastercard Visa Discover

Card #: _____

Name on card: _____

Expiration Date: _____

CCV code: _____

Deposit: _____ \$

Additional Tuition Payment: _____ \$

Total Enclosed: _____ \$

Balance Due: _____ \$

Unless otherwise arranged, total payment is due 2 weeks before your child attends camp.

Office Use Only:

Date Rec'd: _____

Paid: _____

Initials: _____

Due: _____

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We seek to provide a positive experience for all campers. Please give us a brief description of your child, his or her temperament, and how we can help him/her have a successful week. Consider what he/she might need if he/she is homesick or having a conflict with a peer. Please describe any special circumstances here.

Schoolhouse is committed to maintaining diversity and including all children. If your child has special needs, or receives individual assistance at school, please describe here. If there are behavioral issues you'd like us to be aware of, please indicate here. Parents may be asked to provide a personal care attendant or aide with their child. Please indicate if you plan to do so and give the name and telephone number of this person.

Please return these forms with your non-refundable deposit to:

The Schoolhouse Vacation Camp
8 Catkin Drive
South Burlington, VT 05403