

**Above and Beyond Enrichment Center
Day Camp Registration Form**

Child

First: _____ Middle: _____ Last: _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes __ No __ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes __ No __ If yes, explain: _____

Does your child require a special diet?

Yes __ No __ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Activation Fee:

\$200 activation fee is due at the time of camp registration.

SUMMER CAMP TUITION & PAYMENT:

Summer camp tuition fee is due on every Friday before the week that your child is enrolled, either by cash or credit/debit card. If a camper's tuition is not paid, they will not be able to attend camp.

Please select from the following payment options: + \$200 Activation Fee

- Full 5 weeks -\$950 (paid in advance)
 - Session #1 June 3 – July 5, 2024
 - Session #2 July 15 – August 12, 2024
- Full 10 weeks - \$1875 (Both sessions paid in advance)
- Single week - \$250
- Title 20 – Co-Pay

▪ **Camp Tuition Total: + \$200.00 Activation Fee**

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

Terms of Agreement

Please print all information clearly

Name of Camper: _____ Today's Date _____

Above and Beyond Enrichment Center does not discriminate based on race, color, sex, handicap, religion, or national origin. Above and Beyond Enrichment Center reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period and all refunds are at the discretion of the Director.

I understand and accept these guidelines.

Parent/Guardian's Signature: _____

I give Above and Beyond Enrichment Center permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Above and Beyond Enrichment Center and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for Above and Beyond Enrichment Center to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred: _____

By signing below, I agree to adhere to all the Policies and Procedures set for by Above and Beyond Enrichment Center.

Parent/Guardian's Signature: _____