

HOURS
6:30AM-6:30PM

FEES:
\$135/wkly
Registration:
\$40/per child

Summer Camp 2009 Enrollment Form

Record of Child Accepted for Care

Child's Name _____
Last First Middle Other

Birthdate _____ Sex _____ Enrollment Date _____

School _____ Grade Completed _____

Mark an "x" By Child's Address

Mother's Name _____ SS# _____

Home Address _____ Cell/Pager _____
City, Zip Code

Work Phone _____ Work Place _____

Father's Name _____ SS# _____

Home Address _____ Cell/Pager _____
City, Zip Code

Work Phone _____ Work Place _____

Child's Physician _____ Phone _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency if the custodial parent or legal guardian cannot be reached.

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

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Custody: Mother _____ Father _____ Both _____ Other _____

Please list allergies, special medication, or dietary needs, or other areas of concern:

Payment Policy: The Sum of \$135.00 per week for each child on or before the first day or the current session. We do not have a daily rate.
(Family Discounts as follows: 2 - \$10/week, 3 - \$25/week)

Referred By: _____

Disciplinary Policy: Any child left in the care of Burrell’s Camp Chippewa will be expected to behave in a manner displaying respect for peers and adult authority. This also includes respect for the physical property of the facility and individuals. Time-out is used when the offense is minor. If a violation is deemed to be more severe, a referral will be sent home. After the third referral for misconduct, a child will either be suspended for a period of time determined by the Director, or may be removed permanently from the camp.

By my signature I am agreeing to the Burrell’s “payment Policy” and the “Disciplinary Policy” as above stated. I also understand that by reserving the weeks below, I am committing the payment of those weeks unless notification in writing is received at least one week in advance. I also give authorization for my child to be transported on field trips during the summer.

Signature: _____

Please mark the weeks you plan for your child to attend camp.

- 1. June 8 – June 12 _____
- 2. June 13 – June 19 _____
- 3. June 22 – June 26 _____
- 4. June 29 – July 3 _____
- 5. July 6 – July 10 _____
- 6. July 13 – July 17 _____
- 7. July 20 – July 24 _____
- 8. July 27 – July 31 _____
- 9. August 3 – August 7 _____
- 10. August 10 – August 14 _____
- 11. August 17 – August 21 _____

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Please mark your Child’s T’Shirt size

Child	Adult
S _____	S _____
M _____	M _____
L _____	L _____