**Wauhatchie School Summer Camps**

 **IMPORTANT INFORMATION FOR ALL SESSIONS**

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| **Applications** are available now and will remain open until full.  | *First come, first served – apply as soon as possible for the best chance of getting a spot.* |
| **Tuition** must be paid in full… | Within two weeks of enrollment confirmation  |

**REFUNDS**

Wauhatchie School will provide a full refund if notification is given up to two weeks before the camp session is to begin. If notification of cancellation is given less than two weeks before the camp begins, 75% of the total camp fee will be refunded.

**1. CHOOSE A SESSION**

Check the session(s) you wish to attend:

 **\_\_\_\_\_\_6/5-7 \_\_\_\_\_\_6/12-16\_\_\_\_\_ 6/19-23 \_\_\_\_\_6/26-30**

**\_\_\_\_\_7/10-14\_\_\_\_\_7/17-21\_\_\_\_\_7/24-28**

**2. CAMPER AND PRIMARY CONTACT INFORMATION**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Age(at the time of Camp): \_\_\_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact parent **(circle one)** **Home Phone** **Cell Phone**  **Email**

# 3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

Second Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

**4. SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper’s needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

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Does your camper have any behavioral or emotional issues the staff should know about?

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Is your camper taking any medications to treat these conditions?

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Is there anything else you would like us to know?

**PARENTAL/LEGAL GUARDIAN AUTHORIZATION SIGNATURE FORM**

In the unlikely event that a serious emergency arises it may become necessary for a physician to attend to your child before the staff can get in touch with you. Your SIGNATURE ON THE AUTHORIZATION FOR MEDICAL TREATMENT FORM is needed to ensure that proper emergency care is provided. This authorization must be signed in order for your child to attend Wauhatchie camps.

**Authorization for Medical Treatment**

I hereby authorize the Wauhatchie School to provide first aid, including care rendered through the facilities of the nearest physician or hospital for any emergency that may arise while he/she is in attendance at school. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation of my child. I have carefully reviewed the health procedures information. The information I have provided on this enrollment form is accurate to the best of my knowledge.

I/WE HEREBY AGREE AND CONSENT TO THE FOLLOWING:

**PERMISSION TO PHOTOGRAPH/VIDEOTAPE**

I/We hereby give permission to Wauhatchie School, including its teachers and staff, to photograph and/or videotape my child during camp activities. I/We give permission to WS to use my child’s photograph/videotape image in their websites, brochures, advertisements, and newsletter. I/We give WS permission to continue to use my child’s image even after he/she is no longer enrolled at WS, unless I/we specifically revoke this permission in writing.

Parent/Legal Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_