



# EASTMINSTER SUMMER DAY CAMP

## 2024 REGISTRATION APPLICATION

1. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ T-shirt Size: S M L (circle one)
2. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ T-shirt Size: S M L (circle one)
3. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ T-shirt Size: S M L (circle one)

The five weeks this year are scheduled as follows. Please indicate any and all dates desired.

- WEEK ONE: June 10-14: Summer Olympics Week**
- WEEK TWO: June 17-21: Disney Discovery Week**
- WEEK THREE: June 24-28: Holidays Around the World Week**
- WEEK FOUR: July 8-12: Harry Potter Magical Fun Week**
- WEEK FIVE: July 15-19: Pirates and Mermaids Week**

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (required) \_\_\_\_\_

Work Phone/Alternate Contact Number \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

Physician's Name/Phone Number \_\_\_\_\_

Allergies, medications or physical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts

In the event a parent cannot be reached, I give permission for the staff of Eastminster Summer Camp to contact the following people on my behalf: (Please fill in names in order of preference.)

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Camp Tuition:**        \$ 110.00 per camper, per week  
                             \$ 100.00 per week for each sibling

**A \$25.00 non-refundable registration fee (not applicable toward tuition) is required for admission to camp for each family with children attending camp.**

### Deposit

**Due to limited space, a deposit of the registration fee and 50% of your child's tuition is due with the application. *Failure to pay a deposit may result in losing your child's slot at Eastminster Summer Camp.***

**DEPOSIT: Amounts by Number of Weeks Enrolled (this amount includes the registration fee)**

<b>One Week:</b>	<b>First child = \$80.00</b>	<b>Siblings = \$50.00 ea.</b>
<b>Two Weeks:</b>	<b>First child = \$135.00</b>	<b>Siblings = \$100.00 ea.</b>
<b>Three Weeks:</b>	<b>First child = \$190.00</b>	<b>Siblings = \$150.00 ea.</b>
<b>Four Weeks:</b>	<b>First child = \$245.00</b>	<b>Siblings = \$200.00 ea.</b>
<b>Five Weeks:</b>	<b>First child = \$300.00</b>	<b>Siblings = \$250.00 ea.</b>

**TOTAL DEPOSIT DUE: \$ \_\_\_\_\_**

### PARENTAL RELEASE:

I hereby give my permission for my child(ren) \_\_\_\_\_ *list name(s)* to participate in Eastminster's summer day camp.

Furthermore, in case of a medical emergency, I give my permission for the treatment of my child(ren) by a licensed physician or facility and I agree to pay any subsequent bills not covered by the camp accident insurance.

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for camp counselors to apply sunscreen to my child(ren) as needed. Please note if you will need to provide a special sunscreen due to allergies/sensitivities.

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for my child(ren) to be photographed during camp activities. These photos may be used for projects or displayed on our public social media pages.

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

\_\_\_\_\_  
Date

**For Office Use Only**

**Date Received:** \_\_\_\_\_ **Deposit Paid:** \_\_\_\_\_ **Cash/Check #** \_\_\_\_\_ **Staff Initial** \_\_\_\_\_