

Registration for Summer Camp and Farsi Camp Summer 2020

Child's Name _____ M or F Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Mother's Name _____

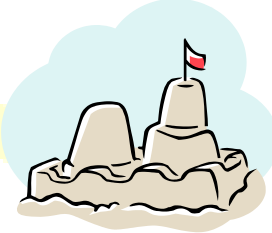
Daytime Phone # _____ Email _____

Father's Name _____

Daytime Phone # _____ Email _____

Camper is (CHECK ONE):

- _____ Current Geneva Day School student
- _____ New student enrolled for the upcoming school year
- _____ Child of a Geneva Day School staff member
- _____ Child of an active member of a local Presbyterian Church
- _____ Child of an active member of the U.S. Military



- Have any behavioral, psychological, or educational evaluations of Child been made? ___Y or ___N
If yes, please explain on a separate sheet.
- Geneva Day School Summer Camp for Young Children and/or Geneva Day School has my/our permission to use my child's likeness for school purposes. ___Y or ___N
- I authorize Geneva Summer Camp staff to apply sunscreen to my child. Please use _____ brand of sunscreen, which I/we shall provide, labeled with our child's name. ___Y or ___N

Parent's Signature _____ Date _____

Submitted registration forms are under the assumption that all fees be paid in full by May 1, 2020.

Parents' signature represents a binding agreement.

Camper Health History Summer 2020

Child's Name _____

The following information is required:

1st Emergency Contact: _____ Phone: _____
(Parent/Legal Guardian)

2nd Emergency Contact: _____ Phone: _____
(Other than person above)

Child's Physician: _____ Phone: _____

HEALTH INFORMATION

- Are there any health problems, including physical, psychiatric, or behavioral problems of which we need to be aware? No Yes If Yes, please explain: _____

- Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware to ensure that your child's camp experience is positive? No Yes If Yes, please explain: _____

- I give my permission for my child to participate in water play activities during summer camp. ___Y or ___N

IMMUNIZATION INFORMATION

For campers who reside **within** the United States or a U.S. territory:

1. State or territory in which the child resides: _____

1. Is this child exempt from any immunizations? No Yes

If Yes, please list them: _____

OR



For campers who reside **outside** of the United States or a U.S. territory:

1. Country in which the child resides: _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Signature of Parent/Legal Guardian: _____ Date: _____

**Registration for Summer Camp and Farsi Camp
Summer 2020**
(Farsi Camp starts June 16)

Child's Name: _____

Please check appropriate session(s) and if your session is less than five (5) days, please indicate which day(s) your child will attend.

Session	Dates	5 Days AM	5 Full Days	4 Days AM	4 Full Days	3 Days AM	3 Full Days	2 Days AM	2 Full Days	1 Day AM	1 Full Day
		9:00 a.m.- 12:30 p.m.	9:00 a.m.-3:00 p.m.	9:00 a.m.- 12:30 p.m.	9:00 a.m.- 3:00 p.m.	9:00 a.m.- 12:30 p.m.	9:00 a.m.- 3:00 p.m.	9:00 a.m.- 12:30 p.m.	9:00 a.m.- 3:00 p.m.	9:00 a.m.- 12:30 p.m.	9:00 a.m.- 3:00 p.m.
		\$250	\$350	\$211	\$291	\$173	\$233	\$126	\$166	\$77	\$97
1	May 26-29 (4 days)										
2	June 1-5										
3	June 8-12										
4	June 15-19										
5	June 22-26										
6	June 29-July 2 (4 days)										
7	July 6-10										
8	July 13-17										
9	July 20-24										
10	July 27-31										
11	August 3-7										

Choose all 11 weeks, 9:00 a.m.-12:30 p.m. for a discounted price of \$2,500 OR 9:00-3:00 with complimentary Before Care and Extended Day Care for \$3,500

Before Care is available each morning at 8:00 a.m. for an additional \$15 per day.
 Extended Day is available each afternoon until 4:30 p.m. for an additional fee of \$20 per day.
Before Care and Extended Day is available by reservation only and will be cancelled at any time due to lack of enrollment.