

I do Math Camp

Camp Registration Form

Dates of IDLMC: June 9th – June 27th

CAMPER INFORMATION

Camper's Full Name: _____

Last

First

Nickname

Parent/Guardian's Name: _____

Last

First

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Day Time Phone:(____) _____ Cell Phone(s):(____) _____

Work Phone:(____) _____ Email: _____

Camper's Birth Date: _____ Grade Completed by June 2014 _____

T-Shirt Size (circle one): Child **S M L** Adult **M L XL**

Does your child have a sibling attending IDLMC? yes / no If so, how many? _____
(See sibling discount info.) **Note: Please fill out a separate application for each child.**

You are responsible for providing your child with a healthy snack and lunch daily.
Does your child have any allergies that the IDLMC Staff should be aware of? yes / no
If yes, what is he/she allergic to? _____

How did you hear about IDLMC? _____

EMERGENCY CONTACT INFORMATION

Full Name: _____

Last

First

Relationship to Camper: _____ Phone Number:(____) _____

Address: _____

Full Name: _____

Last

First

Relationship to Camper: _____ Phone Number:(____) _____

Address: _____

Full Name: _____

Last

First

Relationship to Camper: _____ Phone Number:(____) _____

Address: _____

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Camp Registration Form

Dates of IDLMC: June 9th - June 27th
M- F 9am-3pm (Before/After Care Available)
Location: Open Magnet Charter School

Fee: \$295/wk (**\$270/wk early bird registration paid in full by March 28, 2014**)

If registering after March 28, 2014 you may pay a \$95/wk reservation fee to guarantee your child a space in IDLMC. The \$200/week balance must be paid in full three weeks prior to your child attending camp.

Sibling Discounts: \$100 discount on the 2nd and/or 3rd sibling, if children attend three weeks of camp. **Note: Please fill out a separate payment sheet for each child.**

Attendance Weeks: 1st 2nd 3rd Weekly (Circle all that apply)

of weeks _____ x camp fee/week _____ =total _____

Before/After Care: 8:00am-9:00am & 3:00pm-5:30pm \$120/wk

of weeks _____ x Before/After Care Fee _____ =total _____

Before/After Care will also be available at a rate of \$25/day to be paid on Monday morning of the week that the extended care is needed.

For Camp Personnel Use Only:

Total Camp Fees: _____

Total Camp Payment: _____

Date of Payment: _____

Balance Due: _____

Balance Due By: _____

Camper Code of Conduct

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the camp schedule. I will respect myself and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature: _____ Date: _____

I agree to help my child abide by this code of conduct.

Parent Signature: _____ Date: _____

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SPECIAL INTERESTS AND ABILITIES

What special interests does your child have (ie. sports, arts, music, etc.)?

What extracurricular activities would your child like to do at IDLMC?

What are your child's mathematical strengths?

In which mathematical areas does your child need additional reinforcement or support?

What would your child like to learn at IDLMC?

Authorization of Treatment: I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above. Initials _____

Release Statement: I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of IDLMC accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the IDLMC, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp. Initials _____

Photo Release: I hereby give my permission for my child's picture or video programs to be used by IDLMC. Initials _____

Water Activities: I understand that the IDLMC include activities in or near water.. I give my permission for my child to participate in all water activities included in the camps. Initials _____

Travel: I give my permission for my child to travel in the bus, van or authorized parent vehicle to field trip destinations which correlate to the camp lessons. I understand that I will be informed of the field trips scheduled for the weeks of camp on the first day of camp. Initials _____

Note: By initialing above, you acknowledge that you have read and agree to each item. Initials _____

Release of Minors: All campers are released at the end of camp to their parent/guardian or one of the individuals listed on their form. NO EXCEPTIONS! The camp will release the camper to either parent/guardian listed on the application unless directed by a parent to do otherwise.

In addition to names already listed on this application, my child may be released to the following individual(s).

Name: _____ **Telephone #:()** _____

Name: _____ **Telephone #:()** _____

Name: _____ **Telephone #:()** _____

Parent/Guardian Signature: _____ **Date:** _____

Summer camp is meant to be a fun, educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the summer camps. If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below.

1st incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).

2nd incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a "time out" or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick up the child.

3rd incident: The child will be excused from camp without a tuition refund.

IDLMC reserves the right to bar any child from summer camps following a first incident in cases of serious behavior problems.

Name of child's pediatrician: _____

Phone number: () _____ Health Insurance: _____