



School Age Summer Camp Application 2020

School age summer camp is designed for children ages 4-8, who will be entering kindergarten, first or second grade in the fall. Group size will be a minimum of 8 children and a maximum 15 children. Please completely fill out the follow pages and mark the desired sessions. **Payment for all sessions is due at time of registration. No refunds for summer camp will be given after June 1.**

Child's Full Name	Sex	Current Age	Grade
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Home Address/City, State, Zip	First Contact Telephone
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Parent/Guardian #1	Email Address	Cell Phone Number
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Parent/Guardian #2	Email Address	Cell Phone Number
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Persons (other than parents) authorized to pick up child:

*Name: _____
Address (Street-City-State-Zip): _____
Telephone Number: _____ Relationship to child: _____

*Name: _____
Address (Street-City-State-Zip): _____
Telephone Number: _____ Relationship to child: _____

*Name: _____
Address (Street-City-State-Zip): _____
Telephone Number: _____ Relationship to child: _____



School Age Summer Camp 2020 Registration & Pricing

			Check desired Sessions	
Dates	Session	Session Name	Regular Session 8:30 am – 4:00 pm \$275 per Session	Extended Day 7:30 am – 6:00 pm \$375 per Session
June 1-5, 2020	Session 1A	The Cooking Atelier – Part 1		
June 1-5, 2020	Session 1B	Recycled!		
June 8-12, 2020	Session 2A	The Cooking Atelier – Part 2		
June 8-12, 2020	Session 2B	Spanish		
June 15-20-2020	Session 3A	Lego Challenge (4 & 5-year-olds)		
June 15-20-2020	Session 3B	Lego Challenge (6 thru 8-year-olds)		
June 22-26, 2020	Session 4A	Music (4 & 5-year-olds)		
June 22-26, 2020	Session 4B	Music (6 thru 8-year-olds)		
June 29 – July 3, 2020	Session 5A	Sports & Games		
June 29 – July 3, 2020	Session 5B	Mad Scientists		
July 6-10, 2020	Session 6A	The Amazing Atelier (4 & 5-year-olds)		
July 6-10, 2020	Session 6B	The Amazing Atelier (6 thru 8-year-olds)		
July 13-17, 2020	Session 7A	Imagination Station – Part 1		
July 13-17, 2020	Session 7B	Outdoor Adventures		
July 20-24, 2020	Session 8A	Imagination Station – Part 2		
July 20-24, 2020	Session 8B	Superhero Challenge		

Total Regular Sessions		X \$275	=
Total Extended Day Sessions		X \$375	=
Total Amount Due			



Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Parent #1 Name _____

Mobile Phone _____ Work Phone _____

Parent #2 Name _____

Mobile Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if **The Willow School** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Date _____