

Summer Camp Registration for 2017

Please include \$40 Registration Fee with form

Name of Camper: _____ Age: _____ DOB: _____

Male: _____ Female: _____ Grade Completed: _____ Current School: _____

Address _____

Mother's Name: _____ Contact Phone: _____

Father's Name: _____ Contact Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Email _____

Medical alert information: (food allergies, medical or handicapping conditions): _____

If my child becomes ill or injured at HTLS, or while participating in a school-sponsored activity, I understand that HTLS will: (1) Contact me immediately; OR (2) Contact the emergency contact if I cannot be reached. Should HTLS be unable to reach me or the emergency contact, HTLS is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility is authorized to administer the emergency treatment necessary to ensure the health and safety of my child. I agree to be financially responsible for the cost of medical treatment obtained under this authorization.

Signature of Parent/Guardian

Date

- Registration Fee:** \$40 (\$50 after May 22)
- Weekly Camp Fee:** \$165 (9a.m.-3p.m.)
- Week 3 Afternoon Camp:** \$75 (12 noon-3p.m.)
- Morning Care (8-9a.m.):** \$20/week
- Afternoon Care (3-5p.m.):** \$50/week

<i>Please check weeks of enrollment and indicate if you need Morning and/or After Care</i>					
Week	Date	Check if Attending	Check for Morning Care	Check for After Care	Payment Received <i>(office use)</i>
1	June 5-9				
2	June 12-16				
3	June 19-23 VBS 9-12 Camp 12-3				
4	June 26-30				
5	July 10-14				
6	July 17-21				
7	July 24-28				