

Summer Magic Camp August 16 – August 27 Registration Form Summer 2010

PLEASE PRINT CLEARLY IN BLUE/BLACK INK

Child's Last Name: _____ First Name: _____ Birth Date: _____

Teacher: _____ Grade: _____ Room: _____

Address: _____ Apt: _____ Zip: _____ Home Phone: _____

Email(s): _____

Parent/Guardian's Name: _____ Day Phone: _____

Parent/Guardian's Name: _____ Day Phone: _____

Emergency Adult Contact: _____ Relationship: _____

(relative, neighbor, parent of classmate) Phone: _____

The following adults are authorized to pick up my child (other than parent/guardian):

Name: _____ Relationship: _____

Phone (from 9:00 AM -5:30 PM): _____

Name: _____ Relationship: _____

Phone (from 9:00 AM -5:30 PM): _____

Your have the responsibility to inform us if someone is not legally permitted to pick up your child or if someone other than those listed is picking up your child. Please let us know in advance in writing.

Medical Information Please describe any physical problems, allergies, or limitations your child has:

Doctor: _____ Phone: _____

Registration for Summer Camp: August 16– August 27, 2010

Day	Dates of Session	Check to Enroll	Tuition
Summer Magic Camp 10	August 16 to August 27		\$725

Note: Checks payable to PS 87 PA

Credit Card # _____ exp. _____

CCV# _____

**Please read the information on the back
and SIGN your name.**

Session Fee Total: \$ _____

Registration Fee: \$ 25.00

Total Due: \$ _____

Terms and Conditions of Participation in the Summer Magic Camp

I understand and agree:

1. that this payment is for the days listed, and that I shall not be entitled to any deduction for my child's absence or illness during the term; that in the event of my child's withdrawal or suspension from the Summer Camp Program after classes have started, I shall not be entitled to any refund of unused tuition;
2. that the Program requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, the Program has the right to dismiss my child from the Summer Camp Program.
3. that if my child is not picked up Monday through Friday by 5:30 PM I agree to pay the lateness fees according to Program policy, and that my child may be taken to the 20th Precinct in the event no one is available to supervise my child after 6:00 PM;
4. that if my child is injured and requires medical attention and I cannot be reached for instructions, I hereby give authority to the PS87 Afterschool Program to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
5. that in consideration of the PS87 PA Inc. conducting the Afterschool, Holiday, Summer Camp and Sunday Programs and allowing my child to participate in such a program, I hereby release and forever discharge PS87, the PS87 PA Inc., and the PS87 Afterschool Program and its officers, volunteers, employees, contractors, and agents from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in such program;
6. that some Summer Camp Program sessions may involve field trips outside the PS87 building supervised by staff of the PS87 Afterschool Program. I give my child permission to go on any such trips organized as part of the Summer Magic Camp Program, including (but not limited to) neighborhood parks, museums, and other schools;
7. that during KinderCamp activities my child may be photographed or filmed by PS87 Afterschool Program personnel or its authorized agents for internal or promotional use.

Parent/Guardian signature _____ Date _____