

Sycamore Services



PATHS Summer Camp Application

CAMP/SESSION CHOICES Check the session dates desired.

Child Name _____

CAMP HOURS: 7 A.M. – 6 P.M.

MONDAY THROUGH FRIDAY

Week 1: June 1st -4th

Week 6: July 5th –July 9th

Week 2: June 7th -11th

Week 7: July 12th -16th

Week 3: June 14th- 18th

Week 8: July 19th -23rd

Week 4: June 21nd -25th

Week 9: July 26^h -30th

Week 5: June 28th July 2nd

Week 10: August 2nd – 6th

All 10 weeks

PAYMENT- AMOUNT AND METHOD

Weekly Fee: \$85 per week

***Weekly fee includes activities, field trips and daily snacks**

***Payment is expected for all weeks registered**

***Weekly fee must be paid prior to start of each week of camp or paid in full for entire summer**

Check one:

*Payment in full for all sessions *Payment (1) week all sessions

Payment method (check one): *Check *Money Order *Credit Card

CAMPER INFORMATION Please print and complete.

Child Name: _____

Birth Date: _____ Race: _____ Gender: _____

Age on first day of camp: _____ Grade in the fall: _____ School _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian Name: _____

2. Parent/Guardian Name: _____

Relationship: Mother Father Guardian Foster Parent

Mail Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Cell phone/pager: _____ E-mail: _____

PROMOTIONAL AGREEMENT (Release of Information)

Sycamore Services **does** **does not** have my permission to use photographs of my child in Sycamore Services promotional material, i.e. (brochures, group pictures, flyers)

Parents Signature: _____ Child's Name: _____

CAMPER PICK-UP INFORMATION

I authorize only the people named below to pick up my child. Parent/ guardian(s) listed above are only authorized to pick up my child, unless otherwise noted. For your child's safety, he/she will not be released to anyone else. **All authorized persons must be 18 years of age or older.** No changes to this list will be made unless the parent or legal guardian whose signature appears below requests such changes in writing. Photo identification is required at pick up.

Name: _____ Name: _____

Phone: _____ Phone: _____

Other phone: _____ Other phone: _____

Relationship: _____ Relationship: _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Other phone: _____ Other phone: _____

Relationship: _____ Relationship: _____

PARENT AUTHORIZATION:

I hereby do declare my child to be physically sound, having medical approval to participate in the activities. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither Sycamore Services nor any of its paid staff can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant.

CAMP ACTIVITY AND TRANSPORTATION AUTHORIZATION:

I hereby give permission for my child to participate in camp activities and to travel by bus with the PATHS Summer Camp staff. I understand that only licensed and qualified personal will operate any vehicle to and from Day Camp, and that there will be at least one Summer Camp staff member present at all times. I agree to release all Summer Camp staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in camp activities and bus trips.

EMERGENCY AUTHORIZATION:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs for such treatment, even if not covered by insurance.

PARENT OR GUARDIAN PERMISSION:

My signature below indicates that I have the legal authority to sign-up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child participation is contingent upon space being available in the program I which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines, and that, furthermore, all necessary health, security and waiver forms must be signed and on file with Sycamore Services prior to my child attending the program. Failure to comply with the above could result in the loss of the camp space.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: DATE:

PRINTED NAME

HEALTH INFORMATION

Check all that apply, giving approximate dates, where applicable.

Child Name: _____

Autism ADD/ADHD Frequent ear infection Asthma Bleeding/Clotting Disorders
Convulsions Heart Disease/ Defect Diabetes/Hypertension

Camper is up-to-date with all immunizations needed for enrollment in school.

Tetanus. Date: _____

DISEASES (Please Initial)

German Measles _____ Mumps _____ Chicken Pox _____ Hay Fever _____

ALLERGIES

Food _____

Medicine _____

Poison Ivy, etc. _____

Insect Stings _____

Additional Comments

Current medications (send prescription in original bottle): _____

Operations or serious injuries: _____

Disability due to chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice:

Family physician: _____ Phone: _____

Insurance carrier: _____ Policy # _____

Special needs (physical, mental, or psychological) for camp counselor awareness:

