

camp imagination



Who knew learning could be so much fun!

Mary Treglia Summer Day-Camp - Irving Elementary - Grades K-5 - June 9-August 1

Please print clearly. Incomplete forms may be returned. Deadline May 30, 2008.

STUDENT INFORMATION

Child's First Name: _____ Child's Last Name: _____
Date of Birth: ____ - ____ - ____ Gender: M F Ethnicity: _____
Current Grade Level: _____ English Language Learner (ELL): Yes No
School: _____ Teacher: _____
Home Address: _____ Phone: _____

PARENT / GUARDIAN INFORMATION

Father's First Name: _____ Father's Last Name: _____
Employer: _____ Work Phone: _____ Cell: _____
Mother's First Name: _____ Mother's Last Name: _____
Employer: _____ Work Phone: _____ Cell: _____
(if different from parent)
Guardian First Name: _____ Guardian Last Name: _____
Employer: _____ Work Phone: _____ Cell: _____

HEALTH / EMERGENCY INFORMATION

Allergies, Restrictions, Operations or Illnesses: _____

Any Behavioral or Other Medical Concerns: _____

Medications Currently Taking: _____
Will Camp staff be responsible for administering medication to your child? Yes No
Emergency Contact: _____ Phone: _____
Relationship: _____ Cell: _____
Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____

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TRANSPORTATION INFORMATION

BUSING: Limited, free busing will be available for students, depending on routes and space.

- Yes, I would like to request bus transportation for my child (pick up 7:15-7:45am, drop off 5:15-5:45pm).
- No, my child will walk to Irving Elementary and walk home at the end of the day.
- No, my child will be dropped off by 8:00 am and picked up by 5:30 each day.

Names and relationships of anyone other than parent or legal guardian authorized to pick up your child:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

FEE / REGISTRATION INFORMATION

ACTIVITY FEE (required)

A \$50 Activity Fee applies to all registrations. Activity fee should be paid at time of registration. All students are eligible for a FULL REFUND of the activity fee if they have fewer than 4 or fewer absences during the 8-weeks.

CAMP FEES

Camp fees are based on School Lunch Rates: Regular, Reduced and Free. The Camp fee (plus the activity fee) is the total cost for the 8-week program. Please check the rate that applies to your child:

- Regular: \$200
- Reduced: \$150
- Free: \$100

PAYMENT

The \$50 Activity Fee MUST be paid **no later than May 30** or student will not be admitted to Camp. Half of the Camp Fee MUST be paid **no later than June 15** or student will be dropped from Camp. Balance of the Camp Fee MUST be paid **no later than July 6** or student will be dropped from Camp.

ATTENDANCE REFUND

All students can receive a FULL REFUND of the \$50 activity fee if they have 4 or fewer absences during the 8-week Camp and if Camp Fees have been paid in full.

SCHOLARSHIP

A limited number of scholarships for Camp Fees are available (activity fee still due). Scholarship Applications must be requested, completed, and returned by May 23. Scholarships are awarded based on greatest need.

REGISTRATION DEADLINES

All registrations MUST be received **no later than May 30** to participate.

SIGNATURE / AUTHORIZATIONS

- Mary Treglia staff may talk to my child’s teacher and/or school and have access to my child’s records regarding their academic performance and needs.
- Mary Treglia may verify my child’s reduced or free-lunch status with the School District.
- In the event that I am unable to be reached and my child requires urgent medical, surgical, or dental care, I hereby give permission for Camp staff to authorize medical treatment. I further understand and agree to pay all costs and fees associated with these treatments.
- Mary Treglia may take my child on scheduled walking and transported field trips.
- Mary Treglia may photograph my child and use any photos in promotional and fundraising materials.
- I UNDERSTAND THAT THIS IS AN 8-WEEK CAMP AND THAT DAILY ATTENDANCE IS EXPECTED FOR THE FULL 8 WEEKS. I FURTHER UNDERSTAND THAT EXCESSIVE ABSENCES MAY RESULT IN MY CHILD BEING EXPELLED FROM CAMP WITHOUT REFUND OF ANY FEES PAID.

I have read, understand, and agree to the terms above.

Parent Signature

Date