

## Registration for Summer Program Summer 2022

Child's Name \_\_\_\_\_ M or F Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

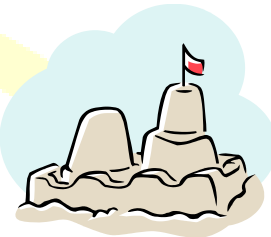
Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Camper is (CHECK ONE):**

- \_\_\_\_\_ Current Geneva Day School student
- \_\_\_\_\_ Returning Camper
- \_\_\_\_\_ New student enrolled for the upcoming school year
- \_\_\_\_\_ Child of a Geneva Day School staff member
- \_\_\_\_\_ Child of an active member of a local Presbyterian Church
- \_\_\_\_\_ Child of an active member of the U.S. Military



- I give my child permission to participate in water play activities during summer camp. \_\_\_Y or \_\_\_N
  - Geneva Day School Summer Program and/or Geneva Day School has my/our permission to use my child's likeness for school purposes. \_\_\_Y or \_\_\_N
  - I authorize Geneva Summer Program staff to apply sunscreen and bug spray to my child. \_\_\_Y or \_\_\_N
- Please use \_\_\_\_\_ brand of sunscreen and \_\_\_\_\_ brand of bug spray, which I/we shall provide, labeled with our child's name.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Submitted registration forms are under the assumption that all fees be paid in full by May 3rd, 2022.  
Parents' signature represents a binding agreement.*

## Emergency Contact Information and Health History Summer 2022

Child's Name \_\_\_\_\_

### The following information is required:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Parent/Legal Guardian)

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other than person above)

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH INFORMATION

1. Have any behavioral, psychological, or educational evaluations of Child been made? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_
2. Are there any health problems, including physical, psychiatric, or behavioral problems of which we need to be aware? \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware to ensure that your child's camp experience is positive? \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### IMMUNIZATION INFORMATION

For campers who reside **within** the United States or a U.S. territory:

1. State or territory in which the child resides: \_\_\_\_\_

2. Is this child exempt from any immunizations?  No  Yes

If Yes, please list them: \_\_\_\_\_  
\_\_\_\_\_

**OR**

For campers who reside **outside** of the United States or a U.S. territory:

1. Country in which the child resides: \_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Registration for Summer Program 2022

Session	Dates	5 Days Half-Day Program	5 Days Full-Day Program	Before Care**	After Care**
		9:00 a.m. - 12:30 p.m.	9:00 a.m. - 3:00 p.m.	From 8:00 a.m.	From 3:00 - 4:30 p.m.
		\$300	\$410		
1	June 6 – 10				
2	June 13 – 17				
3	June 20 – 24				
4	June 27 – July 1				
5*	July 5 – 8				
6	July 11 – 15				
7	July 18 – 22				
8	July 25 – 29				
9*	August 1 - 5				

Choose all 9 weeks,  
 9:00-12:30 for a discounted price of \$2,490   
 OR  
 9:00-3:00 with complimentary \*\*Before Care and \*\*After Care for \$3,419

**\*\*Extended Care fees are based on \$20 an hour.**  
**\*\*Before Care and After Care is available by reservation only and will be cancelled at any time due to lack of enrollment.**  
**\*\*Before and After care will only be available once staffing is confirmed.**

*\*Session 5 is a four-day for all campers. If you register for Full-Day the cost will be \$332..*  
*\*Session 9 – August 5<sup>th</sup> will be a Half-Day for all campers. If you register for Full-Day the cost will be \$392.*