

Registration for Summer Camp for Young Children Summer 2025

Child's Name _____ M or F Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Parent 1 Name _____

Daytime Phone # _____ Email _____

Parent 2 Name _____

Daytime Phone # _____ Email _____

PLEASE CHECK ANY THAT MAY APPLY:

- _____ Current student at Geneva Day School
- _____ New student enrolled at Geneva Day School for the upcoming school year
- _____ Student attends a school other than Geneva Day School: _____
- _____ Registering two or more campers from the same family (10% discount for youngest child)
- _____ Parent/Guardian is an active member of Geneva Presbyterian Church (25% discount per child)
- _____ Parent/Guardian is an active member of the U.S. Military and/or First Responder (10% discount per child)

- 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 re-apply sunscreen and bug spray to my child. ___Y or ___N
Parents must provide sunscreen and Bug Spray in a Ziploc bag clearly labeled with the child's name.

Signature of Parent/Legal Guardian: _____ Date _____

**Submitted registration forms are under the assumption that all fees be paid in full by March 3rd, 2025.
The parents' signature represents a binding agreement.
Once camp fees are paid, 75% is refundable if a camper withdraws up to 30 days before the session starts.
No fees are refunded due to vacation, illness, non-attendance, or withdrawal less than 30 days prior to the beginning of the session.**

Emergency Contact Information and Health History Summer 2025

All Campers must complete this form regardless of age. Campers between 2 years old and 3 years 6 months old at the start of their session will be sent additional forms to complete prior to their session.

Child's Name _____

The following information is required:

1st Emergency Contact: _____ Phone: _____
(Parent/Legal Guardian)

2nd Emergency Contact: _____ Phone: _____
(Other than the person above)

Child's Physician: _____ Phone: _____

HEALTH INFORMATION

1. Has the Child ever received any developmental, educational, or behavioral evaluations, including Infants and Toddlers or Child Find? Yes No *If yes, please submit copies of IFSP's and/or IEPs, or evaluations*
2. Has the Child ever received or is currently receiving any therapy services (speech, occupational, etc.)? Yes No
Permission to contact child's therapist(s): Yes No
If yes, please provide contact information: _____
3. Are there any health problems, including physical, psychiatric, or behavioral problems, of which we need to be aware? Yes No
If yes, please explain: _____
4. Are there any medications, dietary restrictions, allergies, or special needs we need to be aware of 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:** _____

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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.
		\$350	\$500		
1	June 2 - 6				
2	June 9 - 13				
3*	June 16 - 20*				
4	June 23 - 27				
5*	June 30 - July 4*				
6	July 7 - 11				
7	July 14 - 18				
8	July 21 - 25				
9*	July 28 - August 1*				

Full-day programs are only available for children who are 2½ years and older by June 1st, 2025.

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****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 3 is a four-day week for all campers. If you register for Half-Day, the cost will be \$280 & Full-Day the cost will be \$400. Closed June 19th.***

****Session 5 is a four-day week for all campers. If you register for Half-Day, the cost will be \$280 & Full-Day the cost will be \$400. Closed July 4th.***

****Session 9 is a four-day week for all campers. If you register for Half-Day, the cost will be \$280 & Full-Day the cost will be \$400. Closed August 1st.***