

ELEMENTARY SUMMER CAMP
REGISTRATION FORM



Child's Name: _____

Date of Birth: _____ Age: _____ Grade in Fall: _____

Parent's Name: _____

Email Address: _____

Mom's Work/Cell Phone: _____

Dad's Work/Cell Phone: _____

List any allergies your child has: _____

CIRCLE BELOW ALL OF THE DAYS or WEEKS YOUR CHILD WILL BE ATTENDING:

JUNE

Week of June 13-17	M	T	W	TH	F	
Week of June 20-24	M	T	W	TH	F	
Week of June 27 - July 1	M	T	W	TH	F	(Th/Fr for Staff In-Service Days)

JULY

Week of July 4-8	M	T	W	TH	F	(Closed M for 4 th of July)
Week of July 11-15	M	T	W	TH	F	
Week of July 18-22	M	T	W	TH	F	
Week of July 25-29	M	T	W	TH	F	

AUGUST

Week of August 1-5	M	T	W	TH	F	
Week of August 8-12	M	T	W	TH	F	
Week of August 15-19	M	T	W	TH	F	

Tuition Rates: \$220 per week or \$60 per day.

Please return this form with the non-refundable \$50 registration fee and \$120 material fee.

Consent for Emergency Medical Treatment

AS THE PARENT, I HEREBY GIVE CONSENT TO HILLSBOROUGH SCHOOL TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

(Child's name) _____.

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

List any allergies: _____

Parent Signature _____ Date _____

Free Swim Permission



I give permission for my child to participate in Hillsborough School's on campus swim program. I understand my child must pass a swim safe test before participating in the free swim program. I understand that if my child does not pass the test he/she will be required to wear a lift vest any time that he/she is in the pool area. I understand my child will be allowed to swim at any time during the day when swim time is offered. I agree to assume liability for my child without regard to fault. I further agree to hold harmless RG Blanchard Inc., and or any employee for any complications and/or injury that may result from participation in the swim program.

I have read and fully understand the foregoing liability waiver and agree to adhere to it.

Child's Name: _____

Parent Signature: _____ Date: _____



Sunscreen Permission

Parents are responsible to apply sunscreen before coming to school and to send sunscreen with their child each day. In addition, sunscreen will also be applied at school throughout the day. I give permission for sunscreen to be applied to my child.

Parent Signature: _____ Date: _____