

HAZELWILD SUMMER CAMP 2022

Please Print in Black Ink and Complete All Blanks

Return application with Deposit

Full Day Big Camp 7:30 – 5:30 (Grade in fall): _____ Full Day Little Camp 7:30 – 5:30 (Circle class next fall): Pre-K /K

First		Middle		Last		Nickname (optional)	
Birthday / /		Sex M / F		Home phone number () -		Allergies	

Camper's street address			City		State	Zip code
Billing address if different			City		State	Zip Code

Mother's name		Place of employment		Home number if different () -		Work phone () -	
Address if different		City		State	Zip code	Cell phone () -	

Father's name		Place of employment		Home number if different () -		Work phone () -	
Address if different		City		State	Zip code	Cell phone () -	

Physician's name: _____ **Physician's phone number:** _____

Emergency contact (two local contacts **REQUIRED** other than parents)

1. Name: _____ Local phone: _____

Address: _____

2. Name: _____ Local phone: _____

Address: _____

Person(s) authorized to pick up child: _____

Person(s) **NOT** authorized to pick up child: _____

Any special accommodations or medications that will need to be administered during the camp day must accompany a medical authorization form and **all medication must be left at the office.** _____

Int. _____

Previous child care / school attended: _____

Do you give permission for your child to participate in all summer activities sponsored by Hazelwild Farm Educational Foundation for the 2021 season? Yes _____ No _____

In consideration of my child's participation in any camp activity at Hazelwild, I hereby release and waive any rights to legal action against the foundation, its' employees, agent and representative for any loss, damage, injury or death to person or property sustained by my child in any camp activity by any cause whatsoever.

If your child has not been picked up within fifteen minutes past dismissal time we will call your home, work, cell and emergency contact to arrange for pick up. If we are not able to make arrangements within one hour, we are required to call Social Services and ask a law enforcement officer to pick up your child. Please do not force us to use this procedure. Please send in a note if your child will be picked up by someone other than a parent. Phone calls will not be accepted.

I have read and accept the conditions of the registration requirements and authorize the above application.

This Medical Authorization must be completed:

I hereby authorize Hazelwild Farm Educational Foundation to procure any necessary medical care for my child should an emergency occur and the listed parents cannot be located immediately.

I agree that after the camp office notifies one of the listed parents when my child becomes ill, I will arrange to have my child picked up as soon as possible.

Date Child's Name Signature of parent or guardian OFFICE USE ONLY:
BIRTH CERT #

Camper's Name: _____

Full Day Little Camp (Circle class next fall): Pre-K / K

Big Camp (Grade next fall): 1st: ____ 2nd: ____ 3rd: ____ 4th: ____ 5th: ____ 6th: ____

Tuition Cost: Full-Day Little Camp \$225.00(Pro-rated @\$180) Big Camp: \$300.00(Pro-rated @\$240)
**NONREFUNDABLE DEPOSIT OF \$40.00 PER WEEK IS INCLUDED IN YOUR CHILD'S TUITION.

Sessions: _____ : _____ Tuition Due: _____

- (1) May 31- June 3(pro-rated) \$ _____
- (2) June 6-10 \$ _____
- (3) June 13-17 \$ _____
- (4) June 20-24 \$ _____
- (5) June 27- July 1 \$ _____
- (6) July 5-8(pro-rated) \$ _____
- (7) July 11-15 \$ _____
- (8) July 18-22 \$ _____
- (9) July 25-29 \$ _____

Total Tuition..... \$ _____

DepositTotal:..... \$ _____

Additional Children Discount \$10.00 (\$10.00 discount per session)..... \$ _____

Balance:..... \$ _____

Your \$40 deposit per session is non-refundable.

Your account balance is due on or before your child's first day of camp. Registrations received after May 3, 2022 will need to be accompanied with a payment of 50% of your total. HAZELWILD DOES NOT BILL.

***Late Pick-up Policy:** Hazelwild's camp day ends at 5:30 pm. All children **MUST** be picked up by 5:30p.m. **TRAFFIC WILL NOT BE TAKEN INTO CONSIDERATION.** If you are more than 5 minutes late, you will be charged a \$25.00 late fee. If you are late more than once, you will be asked to disenroll your child and a **PRO-RATED REFUND WILL BE GIVEN.**

Parent Signature

Print Parent's Name

***Behavior Policy:** All campers will be expected to follow the guidance of Hazelwild counselors. Disrespectful behavior will not be tolerated and may result in expulsion. If a camper is expelled due to unacceptable behavior, **TUITION WILL NOT BE REFUNDED.**

Parent Signature

Print Parent's Name

***Camper Cell Phone Policy:** No cell phones permitted in camp. First offense is a warning. Second offense will result in a dismissal from camp. No refunds will be given.

Parent Signature

Print Parent's Name

***If for any reason I must withdraw my child's application, I must give 1 week notice in writing or the full camp tuition is due and no refund will be given!**

Parent Signature

Print Parent's Name

Hygeine Policy: All campers must be fully and completely toilet trained to attend our summer camp program.

Parent Signature

Print Parent's Name

Do you give permission for your child to swim at Hazelwild? _____

What is your child's level of swimming? _____ **Your child's level of swimming ability will be assessed by our certified lifeguards.**

Do you give permission for your child's counselor to administer sunscreen and insect repellent? _____

Parent agrees to inform Hazelwild of any communicable diseases contracted by any immediate family members. _____

Do you allow your child's image to be used on Hazelwild's webpage only? Yes No