

## Bittinger Tutoring Summer Reading Camp 2018 REGISTRATION FORM

Today's Date:	Camp Week (circle):    1            2            3            4            5				
<b>CAMPER INFORMATION</b>					
Last name:		First name:		Allergies:	
				Grade in Fall 2018:	
Parent/Guardian 1 Name	Parent/Guardian 2 Name	Emergency Contact Name/Relationship	Child's birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F
Address:					
Parent 1 Phone Number		Parent 2 Phone Number		Emergency Contact Phone Number	
Health Concerns/Allergies:		Learning/Behavioral Concerns:		Medication(s): <input type="checkbox"/> Parent provided Epi-pen	
Anything else you would like us to know about your child:					
<p>Campers will be traveling by private vehicle to field trip locations, will have the opportunity to swim at pools and other bodies of water under lifeguard supervision, and may partake in physical activities, such as hiking and extensive walking. By signing this, I acknowledge that I accept and am aware of the transportation, field trip, and other activity arrangements/requirements.</p>					
Parent/Legal Guardian Signature: _____					
<b>ADDITIONAL INFORMATION</b>					
<p>Campers may bring a sack lunch every day, but lunch will be provided twice weekly. Campers should be prepared to carry their lunch during field trips. (A lightweight, drawstring backpack is suggested.)</p>					
Before Care (8am - 9am): \$10/day ___ M ___ T ___ W ___ Th ___ F  After Care (5pm – 6pm): \$10/day ___ M ___ T ___ W ___ Th ___ F		Total Camp Weeks    ___ x \$300 = _____  Total Days of After Care ___ x \$10 = _____  Total Days of Before Care ___ x \$10 = _____  TOTAL: _____		A 50% deposit is due at time of registration. Payment must be made in full two weeks prior to the first day of camp. Fees are 100% refundable until three weeks prior to the first day of each camp. Two to three weeks prior to the first day, fees are 50% refundable. One to two weeks prior to the first day, fees are 25% refundable. No refund 0-7 days prior to camp.	
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. The participant assumes all risks associated with participation in the program; neither Kathy Bittinger nor Bittinger Tutoring assumes any liability for injury or damages arising from participation in the program. Due to the physical nature of some activities, each participant is encouraged to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program hours.		Parent/Guardian Signature: _____  Date: _____			