



Summer Camp Enrollment Form

Camp Attendance

****Payment is due by the Friday before week attending****

Desired Attendance (Please only choose one option):

1. Full Summer- 8 weeks- June 5th- July 28th ---- Yes or No
2. (If No)-- Which weeks during the summer? _____
3. (If No to 1 and 2)-- Which theme day are you selecting? _____

Weekly- \$110

Summer Theme Day-\$200

Daily-\$25

(1)Child's Name: _____

Birthdate: _____

Grade Completed this year: _____ Grade Enrolling in next year: _____

School: _____

(2)Child's Name: _____

Birthdate: _____

Grade Completed this year: _____ Grade Enrolling in next year: _____

School: _____

(3)Child's Name: _____

Birthdate: _____

Grade Completed this year: _____ Grade Enrolling in next year: _____

School: _____

Please describe briefly any behaviors or tendencies your child displays that we need to know to help best serve your child this summer.

Home address: _____

Father/Guardian Name: _____

Cell Phone: _____ Work Phone _____

Email _____

Mother/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Email _____

Other Phone: _____

*At least one emergency contact, other than a parent/guardian is required

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

*Additional pickup is not required, but available if needed (Your child will not be permitted to leave with an adult that is not on this form)

Authorized Pickup Name: _____

Authorized Pickup Phone: _____

Authorized Pickup Name: _____

Authorized Pickup Phone: _____

Authorized Pickup Name: _____

Authorized Pickup Phone: _____

How did you hear about our program? _____

MEDICAL/SPECIAL NEEDS

Allergies/Dietary concerns: _____

Diagnosed Special Needs: _____

Physical Limitations/ Other medical or behavioral concerns

DEMOGRAPHIC INFORMATION

All demographic information will be kept private and only used for internal purposes and program expansion.

Household Size:

Members of the Household above the age of 18 years old _____

Members of the household below the age of 19 years old _____

Income Level:

Please check the income level that is most appropriate:

___ \$0-10,000 ___ \$10,000-\$20,000 ___ \$20,000-\$30,000

___ \$30,000-\$40,000 ___ \$40,000-\$50,000 ___ Above \$50,000

Parent/Guardian Education Level:

Please check the highest level of education completed by the parents or guardians of the student:

	Some High School	High School Diploma/ GED	Some College	Associates Degree/ Certificate	Bachelor Degree	Master's Degree or higher
Parent/ Guardian 1						
Parent/ Guardian 2						

Tamassee DAR School is an equal opportunity provider

Race/ Ethnicity:

Please check **ALL** that apply:

American Indian or Alaskan Native	
Asian	
Black or African American	
Hispanic, Latino, or Spanish	
Middle Eastern or North African	
Native Hawaiian or other Pacific Islander	
White	
Another race or ethnicity not listed above	

Free/Reduced Lunch: YES or NO

Liability Release Statement:

In consideration of allowing the previously declared participant(s) to begin participation in the Afterschool Program at Tamassee DAR School, while on the premises and property of the School, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Tamassee DAR School, its employees and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant, while in or upon the premises upon which the Afterschool Program is conducted, or any premises under the control and supervision of Tamassee DAR School employees and volunteers, in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Tamassee DAR School employees and volunteers.

Parent/Guardian Signature _____

Date _____

General Health Record for Summer Camp

(1) Child's Name: _____

Birthdate: _____ Grade _____

(2) Child's Name: _____

Birthdate: _____ Grade _____

(3) Child's Name: _____

Birthdate: _____ Grade _____

Current Home Address: _____

Authorized Individuals for obtaining emergency medical treatment for the child (must be over 18):

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Health Information (to be completed by a Parent/Guardian):

Family Physician: _____

Address: _____

Phone: _____

Dental Care Provider: _____

Address: _____

Phone: _____

Health Insurance Provider: _____

Certificate of Immunization: YES NO N/A, please explain _____

Additional comments:

I certify to the best of my knowledge that my child, _____, is in good mental and physical health to be able to participate in the Afterschool Program. I also certify that my child has not been exposed to COVID and has not had COVID-like symptoms within the past two weeks.

Parent/Guardian Signature Date

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Summer Day Camp

Publicity Release Form

____ I DO give my permission to the Tamassee DAR School to use my child's name, photograph, or other identifying information in written or visual form for the school's newsletter or other media. I realize that many of the school's activities include groups of children and I do not wish for my child to be excluded from photographs that are used as recognition of accomplishments or as information only.

Tamassee DAR School is completely committed to rejecting any use of children's names, photographs, or other identification in any manner whatsoever that could be considered exploitation. No child will ever be intentionally used in such a manner.

Tamassee DAR School will teach all children the basic principles of good citizenship, the ability to care for themselves, the ability to relate to others. Best judgment will be used in all matters of publicity pertaining to my child.

____ I DO NOT GIVE PERMISSION FOR THE TAMASSEE DAR SCHOOL TO USE MY CHILD'S PHOTOGRAPH IN ANY AND ALL FORMS OF MEDIA.

Parent/Guardian Printed Name

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