

WINTER BREAK



2018//2019

DECEMBER 24TH – JANUARY 7TH

- | | |
|--|--|
| <input type="checkbox"/> Monday 12/24
CBA Holiday Gift Shoppe | <input type="checkbox"/> Wednesday 1/2
Science Center
Dinosaur Invasion |
| <input type="checkbox"/> Wednesday 12/26
Lighthouse Cove Mini Golf | <input type="checkbox"/> Thursday 1/3
Museum Treasure Coast |
| <input type="checkbox"/> Thursday 12/27
Yesteryear Village | <input type="checkbox"/> Friday 1/4
TGR Gymnastics |
| <input type="checkbox"/> Friday 12/28
Skate Zone/Ice Skating | <input type="checkbox"/> Monday 1/7
Culver's American
Restaurant |
| <input type="checkbox"/> Monday 12/31
CBA New Year's Eve Party | |

Spring Camp Rates	
After Care Student Camp Day	\$30 X _____ = _____
Drop-in Camp Day	\$50 X _____ = _____
Camp Uniform Shirt REQUIRED DAILY	\$15 X _____ = _____
Total	\$ _____

*Payment Policy: One day payment deposit is required at time of sign up to hold your reservation. Payment will be applied to your campers last day of camp. Daily fees are due every morning at drop-off for that day.



Chesterbrook
Academy®

Elementary Age Camp Program

Camp Hours: 6:30am – 6:30pm

**Buses Leave Promptly at 9:00am
Returning no later than 4:00pm**

Camper Information

Name _____

Grade Completed _____

Date of Birth _____

Shirt Size (Y XS- Adult M) _____

Allergies/Food Restrictions _____



**Pack lunch in large zip lock bag
No lunch boxes, please**

Parent (Guardian)

Name _____

EMERGENCY CONTACT # _____

Date _____ Signature: _____

*Cancellations require 24-hour prior notice to receive a credit .

CAMP REGISTRATION FORM



Camper Information

Camper's Name _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Camper's Birth Date _____ Age on June 1st _____ Grade in the Fall _____
 Parent/Guardian 1 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Parent/Guardian 2 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Child in custody of (Please check one) Both parents Mother Father Other (Specify) _____
 Child lives with (Please check one) Both parents Mother Father Other Specify) _____
 Does your child know how to swim? Yes No Do you give permission for your child to swim in camp programs? Yes No
 Do you give permission for your child to attend and participate in all activities on camp field trips? Yes No

Medical Information

Family Physician _____ Address _____ Phone# _____
 Dentist/Orthodontist _____ Address _____ Phone# _____
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) _____
Health History – (Mark all that apply & provide copies of all immunizations) Ear Infection Convulsions Asthma Bleeding/Clotting Disorder
 Allergies Pollen Poison Oak/Ivy/Sumac Penicillin Insect Stings (List Type) _____ Foods (List Type) _____ Other (List Type) _____
 Operations, serious injuries, diseases, or restrictions on physical activity: _____
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)

 Behavioral conditions or problems of which camp staff should be aware _____

Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.
 Name: _____ Phone#: _____ Relation _____ DL# _____
 Name : _____ Phone#: _____ Relation _____ DL# _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____