



# 2014 Summer Camp Registration Form

**Madison Explorers Ages 7 and up**

Please mail or return to 4418 Milwaukee St., Madison, WI 53714

Madison Explorers Camp meets at the Heistand Park Shelter behind Toad Hill

## Camper Information

Child First Name (Please print clearly on the line above)

Last Name

Goes By

Sex:  M  F

Date of Birth: \_\_\_\_\_ Campers must be 7 as of June 23, 2014

Check if your child is a returning Toad Hill Montessori student

Current School: \_\_\_\_\_

## Parent/Guardian Information

Ms.  Mr.

Ms.  Mr.

First Name (Please print clearly on the line above) Last Name

First Name (Please print clearly on the line above) Last Name

Home Address

Home Address

City, State, Zip

City, State, Zip

Best Number to call during camp Work Phone

Best Number to call during camp Work Phone

Email Address for Confirmation (Please print clearly on the line above)

Email Address for Confirmation (Please print clearly on the line above)

## Camp Registration: Select the desired weeks from the table below. Check boxes to indicate weeks and times.

<input type="checkbox"/> Week 1 June 23-27 9:00 am to 4:00 pm \$250.00	<input type="checkbox"/> Week 1 June 23-27 7:30 am to 9:00 am +\$25.00	<input type="checkbox"/> Week 1 June 23-27 4:00 pm to 5:00 pm +\$15.00	Week 1 Total Fee: =
<input type="checkbox"/> Week 2 June 30-July 3 9:00 am to 4:00 pm \$200.00	<input type="checkbox"/> Week 2 June 30-July 3 7:30 am to 9:00 am +\$20.00	<input type="checkbox"/> Week 2 June 30-July 3 4:00 pm to 5:00 pm +\$12.00	Week 2 Total Fee: =
<input type="checkbox"/> Week 3 July 7-11 9:00 am to 4:00 pm \$250.00	<input type="checkbox"/> Week 3 July 7-11 7:30 am to 9:00 am +\$25.00	<input type="checkbox"/> Week 3 July 7-11 4:00 pm to 5:00 pm +\$15.00	Week 3 Total Fee: =
<input type="checkbox"/> Week 4 July 14-18 9:00 am to 4:00 pm \$250.00	<input type="checkbox"/> Week 4 July 14-18 7:30 am to 9:00 am +\$25.00	<input type="checkbox"/> Week 4 July 14-18 4:00 pm to 5:00 pm +\$15.00	Week 4 Total Fee: =
<input type="checkbox"/> Week 5 July 21-25 9:00 am to 4:00 pm \$250.00	<input type="checkbox"/> Week 5 July 21-25 7:30 am to 9:00 am +\$25.00	<input type="checkbox"/> Week 5 July 21-25 4:00 pm to 5:00 pm +\$15.00	Week 5 Total Fee: =
<input type="checkbox"/> Week 6 July 28- August 1 9:00 am to 4:00 pm \$250.00	<input type="checkbox"/> Week 6 July 28- August 1 7:30 am to 9:00 am +\$25.00	<input type="checkbox"/> Week 6 July 28- August 1 4:00 pm to 5:00 pm +\$15.00	Week 6 Total Fee: =
<input type="checkbox"/> Week 7 August 4-8 9:00 am to 4:00 pm \$250.00	<input type="checkbox"/> Week 7 August 4-8 7:30 am to 9:00 am +\$25.00	<input type="checkbox"/> Week 7 August 4-8 4:00 pm to 5:00 pm +\$15.00	Week 7 Total Fee: =
<input type="checkbox"/> Week 8 August 11- 15 9:00 am to 4:00 pm \$250.00	<input type="checkbox"/> Week 8 August 11- 15 7:30 am to 9:00 am +\$25.00	<input type="checkbox"/> Week 8 August 11- 15 4:00 pm to 5:00 pm +\$15.00	Week 8 Total Fee: =

**Madison Metro Summer Bus Pass (required) +\$35.00** \_\_\_\_\_

**Calculate total payment:** \_\_\_\_\_

**A minimum payment of \$250 is due with this registration form. Payment options for the balance due will be email with registration confirmation., if not paying in full.**

Please tell us in full about *any* medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present and any other pertinent information that might aid in the enhancement of your child's camp experience. Use a separate sheet as necessary. We strive to care for children with various needs , and need your full input to succeed.

Please list any allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler etc), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form to the Toad Hill Montessori office prior to your child's attendance. Kits are returned if unused.

### Permission and Liability Waiver

My Child, \_\_\_\_\_, has permission to fully participate in Toad Hill Montessori Summer Camp activities during the 2014 Summer Program. I, as parent/legal guardian, do hereby grant the Toad Hill Montessori Staff and designated adults the right to authorize emergency medical treatment for my child in the event that I nor my designated representatives cannot be reached. I agree to hold harmless Toad Hill Montessori and its agents from liability resulting from an accident.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. for a non-life-threatening emergency or urgent situation, staff will attempt to call the parent/guardian first and if a parent/guardian cannot be reached, staff will contact the Emergency Contact listed on the Emergency Information form. If staff cannot make an appropriate contact, staff will call paramedics or the child's health care provider.

I understand that Toad Hill Montessori and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written and signed instruction from the health care provider and/or the child's parent/guardian.

Enrollment for your child in the Madison Explorers Summer Camp Program constitutes your agreement to this waiver.

I understand that all Emergency Information on the Emergency Form must be completed before my child may attend camp. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Signature Parent/Guardian 1      Date

Signature Parent/Guardian 2      Date

Print Parent/Guardian 1

Print Parent/Guardian 2

**Publicity Release Form (optional):** I authorize Toad Hill Montessori to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with Toad Hill Montessori . I understand that my child's name will not be published with an image.

Signature Parent/Guardian 1      Date

Signature Parent/Guardian 2      Date