

2019 SUMMER REGISTRATION

Please reserve the following camp sessions:

- Mini Camp I** (1 week) June 10 - June 14
 Session I* (3 weeks) June 17 - July 5
 Session II (3 weeks) July 8 - July 26
 Session III (3 weeks) July 29 - Aug. 16
 Mini Camp II (1 week) Aug. 19 - Aug. 23
 Mini Camp III (M-TH Only) Aug. 26 - Aug. 29

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
FULL DAY (9:00 a.m. - 3:30 p.m.)					
EXTENDED CARE (7:00 a.m. - 6:00 p.m.)					
(7:00 a.m. - 3:30 p.m.)					
(9:00 a.m. - 6:00 p.m.)					

**NO
ADDITIONAL
CHARGE!**

Please print clearly:

*No Camp July 4

Child's Name _____
 Last First Middle

Child's Birthdate _____ Female Male
 Month Date Year

Age At Camp _____ Grade Next Fall _____ School _____

Child's T-Shirt Size: Small (6-8) Medium (10-12) Large (14-16) Adult Small Adult Medium Adult Large

Resides with(Check One): Both Parents Mother Father Other-Legal Guardian Name _____

Parent/Guardian 1 Name _____ Cell Phone _____ Daytime Number _____

Alternate Number _____ Address _____ City/Zip _____

Business Name and Address _____ E-mail _____

Parent/Guardian 2 Name _____ Cell Phone _____ Daytime Number _____

Alternate Number _____ Address _____ City/Zip _____

Business Name and Address _____ E-mail _____

Child may be released to Parent/Guardian1 Parent/Guardian2 Other 1. _____ 2. _____
 3. _____ 4. _____

Emergency Contact(s) (other than parents) _____
 Name Relationship Phone

Child's Physician _____
 Name Phone

Hospital preferred for emergency treatment _____ Health insurance program and identification number _____

Any dietary, food or allergy restrictions? _____

Any medical instructions? _____

Friends to be grouped with (limit 2) _____

Interests or special abilities: Art, Dance, Sports, etc. _____

Prior camp experience Summer Impressions Other (please specify) _____

Where did you hear about Summer Impressions? _____

Is there additional information that would help us better care for your child? (Ex: glasses, shyness, tubes in ears, etc.) _____

It is understood that Summer Impressions Day Camp, Inc. has the right to request the withdrawal from the camp of any child for reasons in its sole discretion at any time. It is contemplated, but not limited to, situations involving a child or parent/guardian's failure to abide by the rules and procedures set by the camp; conduct or influence of parent or child deemed by the camp to be unsuitable for continuation in the program; a child who is not benefitting from the program; any flexibilities in enrollment and such other situations as may arise. If only one parent signs this agreement, that parent agrees that he/she is also acting as an agent of the other parent with authority to enroll the child at camp.

I grant permission for taking and/or using my child's name and image for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I further waive any claim, including claims for compensation, of any kind for the taking, use or publication.

I give permission to Summer Impressions Day Camp, Inc. to secure emergency medical treatment for the above named child if required when the parent(s)/guardian and/or emergency contacts cannot be reached. I agree to send my child with a nutritional lunch. I give my permission for my child to participate in all camp activities including field trips and enclose a \$200 deposit, payable to Summer Impressions Day Camp, 4150 Middlebelt Road, West Bloomfield, MI 48323. I further agree and understand that this \$200 deposit and all prepaid tuition are non-refundable and non-transferable for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, or any other unforeseen circumstances, etc.

Signature _____ Parent or Legal Guardian Date _____

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