

# 2020 SUMMER REGISTRATION

Please reserve the following camp sessions:

- Mini Camp I** (1 week) June 15 - June 19  
 **Session I** (3 weeks) June 22 - July 10  
 **Session II** (3 weeks) July 13 - July 31  
 **Session III** (3 weeks) Aug. 3 - Aug. 21  
 **Mini Camp II** (1 week) Aug. 24 - Aug. 28  
 **Mini Camp III** (M-TH Only) Aug. 31 - Sept. 3

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:

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 \_\_\_\_\_

Signature \_\_\_\_\_ Parent or Legal Guardian Date \_\_\_\_\_