

# GOLDEN POND SCHOOL

43940 Farmwell Hunt Plaza, Ashburn, VA 20147

Phone: (703) 723-7663 Fax: (703) 723-9166

## 2016 Summer Camp Program Request Form

\*A Program Request form must be completed for each child.

Camper's Name: \_\_\_\_\_ Nickname/Carline Tag Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M/F Grade child will be entering in the fall \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Complete this form and return with the **non-refundable \$50 enrollment fee** (new families only) and **full payment for all weeks attending**.
- Preschoolers must be 3 years old and potty independent by September 30<sup>th</sup>.
- **You are financially responsible for each week your child is enrolled regardless of attendance.** With a 14 day or more notice, you may change your selected week. Your notice must be given in writing and will include a \$15 change fee. Any cancellations less than 14 days from your child's start date are non-transferrable and non-refundable.
- **Families will receive a 10% discount per sibling registered and another 10% when registering for all 5 weeks.**
- **Camp T-Shirts** (check one)  Size XS (2-4)  Size S (6-8)  Size M (10-12)  Size L (14-16)

### Day Camp (\$190) (Ages 3 – Rising 3<sup>rd</sup> grade)

- Week 1 July 5 - 8 (**\$125**)  Week 3 July 18 - 22  Week 5 Aug. 1 - 5  
 Week 2 July 11 - 15  Week 4 July 25 - 29

### Reading Camp (\$380) July 18 – July 29

- Entering KND  Entering Grade 1

### Preschool and School Age additional offerings:

\***Extended Camp** (\$125 per week)

7:30a – 9:00a and 1:00p – 6:00p

**Drop-in Day** (\$50/Day) (Date) \_\_\_\_\_

**Drop-in Hourly** (\$15/Hour)

\*Campers must be registered for one of the morning camps to qualify for extended camp.

### Identity Verification--(New GPS Students Only)

(For office use only)

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate/Passport Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Camp Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY INFORMATION

## Two Emergency Contacts - Mandatory

Please list two people (within a 30 mile radius) who may be contacted and are authorized to pick-up in an emergency when parents cannot be reached.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Who May Pick up Child (other than parents)?

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

## Health Information

- Does your camper have any special needs that may require our special attention? Yes / No (Please explain)
- Needs and/or Restricted Activities: \_\_\_\_\_
- Please list Allergies/Medications/Dietary restrictions \_\_\_\_\_
- Does your child require any emergency medication? Yes / No
  - If yes, the medication and a Medication Authorization Form, signed by the child's doctor, must be on file at GPS before the child may attend any camp sessions.
- Camper's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Permission Information

Please circle either **May** or **May Not** for each permission sentence below.

1. Golden Pond School **MAY/ MAY NOT** administer first aid for such things as scratches, insect bites, etc.
2. Golden Pond School **MAY / MAY NOT** print my address, phone number and e-mail for distribution within the school.
3. Photos taken of my child **MAY / MAY NOT** be used for use in GPS marketing.
4. Photos taken of my child **MAY / MAY NOT** be posted on the Golden Pond School Facebook page.
4. My child **MAY / MAY NOT** participate in wading pool and/or sprinkler activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Information

In case of an accident or serious illness, I request that Golden Pond School contact me. If GPS is unable to reach either parent or emergency contact, I hereby authorize GPS to contact a physician and transport this child to the physician or hospital for purposes of receiving medical treatment, which, in their judgement, may be deemed necessary in the case of this child. It is understood that I assume responsibility for the payment of all medical fees. I warrant that this child is insured adequately against accident and sickness expense under Policy No. \_\_\_\_\_, issued by \_\_\_\_\_ in the name of \_\_\_\_\_.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_