

EDLIN SCHOOL CAMP EAGLE PROGRAM 2016

Please complete this form for **EACH** attending child and return it to the front desk at Edlin School with your 50% deposit check by May 16, 2016.

Application Form

Student's Name: _____
 Address: _____
 City: _____ State: _____ ZIP _____
 Parent Phone: _____ Parent Email: _____
 Grade in Fall 2016: _____ Birth Date: _____
 T-shirt Size:
Youth Sizes: YS YM YL YXL Adult Sizes: AS AM AL AXL **(circle one)**
(All campers receive one free t-shirt. Additional t-shirts may be purchased and ordered in advance for \$8.00 each)

Camp Fees 2016

50% Deposits for All Camps are Due by May 16, 2016
Remaining Camp Fees are Due prior to Camp Week

All programs are for K4 through 4th grade students (as of Fall 2016) unless otherwise noted.
 All programs are from 9am - 3pm.
 \$20 discount for the 2nd and 3rd child when two or more siblings attend the same week.

	<u>Dates</u>	<u>Themes</u>	<u>Camp Fee</u>	
Week 1	Jun 20 - Jun 24	The Wheels in the Bus	\$325*	= \$ _____
Week 2	Jun 27 - Jul 1	Animal Planet	\$325*	= \$ _____
Week 3	Jul 5 - Jul 8	Stars & Stripes	\$325*	= \$ _____
Week 4	Jul 11 - Jul 15	Construction Zone	\$325*	= \$ _____
Week 5	Jul 18 - Jul 22	Inventor's Workshop	\$325*	= \$ _____
Week 6	Jul 25 - Jul 29	Raider's of the Lost Artifact	\$325*	= \$ _____
Week 7	Aug 1 - Aug 5	A Bug's Life	\$325*	= \$ _____
Week 8	Aug 8 - Aug 12	Artful Antics	\$325*	= \$ _____
Week 9	Aug 15 - Aug 19	Rainforest Adventures	\$325*	= \$ _____

*** Field Trip costs are additional and provided to parents each Monday of Camp for payment.**

Sub Total (fees for all Camps) = \$ _____
 \$20 Sibling Discount (subtract if applicable) = \$ _____
Total Due (Sub Total minus Discount) = \$ _____
 50% deposit due by May 16, 2016 = \$ _____
Total Remaining Fees = \$ _____

Specialty Camp Fees 2016

50% Deposits for All Camps are Due by May 16, 2016

Remaining Camp Fees are Due prior to Camp Week

All programs are grade specific (as of Fall 2016).

All programs are from 9am - 3pm.

\$20 discount for the 2nd and 3rd child when two or more siblings attend the same week.

<u>Dates</u>	<u>Themes</u>	<u>Camp Fee</u>	
Week 2 Jun 27 - Jul 1	Jr. STEM Camp (Grade K5-2 nd)	\$325	= \$ _____
Week 3 Jul 5 - Jul 8	STEM Camp (Grade 3 rd – 8 th)	\$260	= \$ _____
Week 4&5 Jul 11 - Jul 22	Theater Camp - Oliver (2 weeks)	\$650	= \$ _____
Week 9 Aug 15 - Aug 19	Math Camp (Grade 1 st -5 th)	\$325	= \$ _____
Week 10 Aug 22- Aug 26	Math Camp (Grade 3 rd -8 th)	\$325	= \$ _____

*** Wednesday Swimming is included in fee.**

Sub Total (fees for all Camps)	= \$ _____
\$20 Sibling Discount (subtract if applicable)	= \$ _____
Total Due (Sub Total minus Discount)	= \$ _____
50% deposit due by May 16, 2016	= \$ _____
Total Remaining Fees	= \$ _____

Camp Care - Early Drop-Off and Late Pick-Up

You will only be charged for this service if it is used.

Early and Late Pick-up are available.

No sibling discounts for this service.

<u>Choice</u>	<u>Service</u>	<u>Time</u>	<u>Fee</u>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Early Drop-Off (AM Session 1)	8:00 am – 9:00 am*	\$10/session/child
Yes <input type="checkbox"/> No <input type="checkbox"/>	Late Pick-Up (PM Session 1)	3:15 pm – 4:00 pm*	\$10/session/child
Yes <input type="checkbox"/> No <input type="checkbox"/>	Late Pick-Up (PM Session 2)	4:01 pm – 5:00 pm*	\$10/session/child

***Parents pay only for sessions used. Any portion of the session will be charged at the full session rate. After 5pm parents will be charged \$2 a minute per child.**

Responsible Parent Acknowledgement Statement:

I certify that my child, _____ (name of child), is medically qualified to attend the 2016 Edlin Summer Camp program. I hereby authorize the staff of Edlin School to act for me according to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer necessary care. I agree that Edlin School instructors, volunteers and chaperones will not be held responsible for any accident or losses, however caused, and agree to release all parties involved from any claim of damages that may arise as a result of or by reason of such loss or accident. I am of the understanding that every reasonable precaution will be taken to ensure the safety of the above named participant. Please inform us if there are any medical or special needs that your child requires. I hereby agree to the above statement.

All application forms and your 50% deposit fees are due by May 16, 2016 to ensure that your child's Summer Camp t-shirts, supplies, and off-site field trip entry fees are purchased in advance. Checks should be made out to: **Edlin School**. No child will be admitted to a program without full payment of fees prior to his/her first day of camp. Field Trip costs are additional and provided to parents each Monday of Camp for payment. There will be no refunds for days missed by the camper. Program offerings may change based upon enrollment or at Edlin School discretion.

Early drop-off and late pick-up fees are in addition to Summer Camp fees and are **payable each day used**.

Additional administrative forms will be sent to the student(s) from the school office prior to the beginning of the Edlin School Summer Camp Program or may be made available on or before the first day of camp. Any changes to the initial registration must be made in writing by the parent and will be accommodated at the discretion of the program director.

Signature of Parent or Guardian: _____

Parent or Guardian Name (printed): _____

Date: _____