

SCYA's CAMP BASIC

ALL THE FUN WITHOUT THE TRIPS

JUNE 30TH - AUGUST 22, 2014

5 DAY PROGRAM

FULL DAY 9AM - 4PM

Extended Care Available

For children who have Completed

Pre - K - 6th Grade

Parents supply Lunch, Snacks & Drinks

All campers receive 1 Camp Tee Shirt

Arts & Crafts Music & Drama

Indoor/Outdoor Games & Activities

\$1200 FOR EIGHT WEEKS

Weekly Rate: \$160.00

Daily Rate (Parent Choice) \$40 per day

HALF DAY PROGRAM

9am - 12 noon or 1pm - 4pm

\$800 FOR EIGHT WEEKS

Weekly Rate: \$120.00

Daily Rate (Parent Choice) \$30 per day

Visit our website: scyainfo.com

or call 732-2186

SCYA SUMMER FUN DAY CAMP DAY CAMP REGISTRATION

CAMP BASIC/NO FIELD TRIPS

*No refund or credit for absent days. Written notice required for all withdrawals
& Administrative fee of \$50 charged. \$25 non refundable registration fee
\$30 returned check fee*

Please Print

Child's Name: _____ Birth Date: _____ Age: _____ Gender _____

Address: _____ City: _____ Zip: _____

Grade Completed as of June : _____ Tee Shirt Size: _____

MOTHER INFORMATION		FATHER INFORMATION
Name:		Name:
Home#:		Home#:
Work#:		Work#:
Cell#:		Cell#:
E-mail:		E-mail:

Emergency/Authorized to Pick Up (Other Than Parent)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I, _____ give permission for my child _____ to participate in all the camp activities and field trips planned for the days attended. I understand that photographs/videos taken during the camp season may be used for publication, and or agency website. I understand that I must have a complete medical form signed by a physician on file at camp before the first day my child attends. I have read and will adhere to the policies outlined above, as well as the code of conduct.

Parent/Guardian Signature: _____ Date: _____

Camp Session (Grades Pre- K – 8)
<p>FULL DAY 5 DAY 5 DAY HALF DAY: 9AM-12 NOON OR 1PM-4PM</p> <p>Full Session: Yes No (Paid in full at time of registration)</p> <p>NO EXCEPTIONS</p> <p>Weekly Schedule: Choose your week below. Weekly rates apply</p> <p>Additional weeks may be added but must be paid in advance of participation</p> <p>Week: 1 2 3 4 5 6 7 8</p>

DAILY PARTICIPATION SCHEDULE

Daily Rates Apply

**PLEASE MARK A DIAGONAL LINE THROUGH
YOUR SELECTED DAY**

***CHANGES IN DAYS/DATES SELECTED CANNOT BE
ALTERED ONCE CAMP HAS BEGUN.***

MON	TUE	WED	THUR	FRI
JUNE 30	JULY 1	JULY 2	JULY 3	NO CAMP
JULY 7	JULY 8	JULY 9	JULY 10	JULY 11
JULY 14	JULY 15	JULY 16	JULY 17	JULY 18
JULY 21	JULY 22	JULY 23	JULY 24	JULY 25
JULY 28	JULY 29	JULY 30	JULY 31	AUG 1
AUG 4	AUG 5	AUG 6	AUG 7	AUG 8
AUG 11	AUG 12	AUG 13	AUG 14	AUG 15
AUG 18	AUG 19	AUG 20	AUG 21	AUG 22

CHILD'S NAME: _____

GRADE COMPLETED AS OF JUNE: _____

Date: _____ **Staff:** _____

SCYA SUMMER FUN DAY CAMP

Medical Form

One for each child is required

Please Print Clearly And Complete In Its Entirety

In the event that my child _____ may require medical attention, and I, as well as the emergency contacts listed are unable to be reached, I hereby give consent for the SCYA Summer Fun Day Camp staff to contact emergency authorities. I understand that my child may be transported to the nearest hospital in which treatment for any condition deemed medically necessary for the welfare of my child will be administered. I am also fully aware that the SCYA Summer Fun Day Camp will make every possible attempt to contact me immediately.

Parent/Guardian Signature: _____ Relationship to Child: _____
Print Name: _____

Allergy Information: Does your child have allergies?: Yes _____ No _____
If yes please list below.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
-

Medical Conditions: Does your child have any medical conditions?: Yes _____ No _____
If yes please list below.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
-

Medicine Intake: Does your child take any medication?: Yes _____ No _____
If yes please list below.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
-

Signature of Custodial Parent/Guardian: _____ Date: _____

**SCYA SUMMER FUN
DAY CAMP**

**Self Medication
Release Form
Epi-Pen/Inhaler Only**

MUST BE SIGNED BY
PHYSICIAN
ONE FORM PER
CHILD

Date: _____

Child's Name: _____
has been instructed in the proper use of the
Epi-Pen/Inhaler:

**We, (Physician's Name) _____
and (Parent/Guardian) request that the above
named child be permitted to self administer his/her
Epi-Pen/Inhaler as we consider him/her
responsible. He/she has been instructed and
understands the purpose and appropriate method
and frequency of use.**

Physician

Parent/Guardian