



SCYA SUMMER FUN DAY CAMP

Location to be determined

June 30th - August 22, 2014

9am - 4pm/ Extended Care Available

***Early Registration Savings For Our Full Camp Experience
If Paid In Full By June 1st***

**"FULL CAMP EXPERIENCE"
A FIELD TRIP EVERY WEEK!**

MON-FRI: 9am - 4pm

**FOR CAMPERS WHO HAVE COMPLETED
KINDERGARTEN - 8TH GRADE**

\$25.00 Registration Fee Per Camper

\$1600 FOR EIGHT WEEKS

***Must sign up for all 8 weeks
at time of registration***

**INCLUDES ALL BASIC ACTIVITIES PLUS:
ALL FIELD TRIPS WITH TRANSPORTATION**

CHILDREN RECEIVE ONE CAMP TEE SHIRT

Rates after June 1st: \$1800 Eight Weeks

\$225 Per Week

Visit our website: scyainfo.com or call 732-2186

SCYA SUMMER FUN DAY CAMP DAY CAMP REGISTRATION

FULL CAMP EXPERIENCE/ OFF SITE 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: _____

<p>(Grades K – 8) No Pre-K</p> <p>Please Select Full Session or desired week (s)</p> <p>Full Summer Session: _____</p> <p>EACH WEEK MUST BE PAID IN FULL BEFORE PARTICIPATION</p> <p><i>NO EXCEPTIONS</i></p> <p>Week: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____</p> <p>Date: _____ Staff: _____</p>

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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