



# Registration Form

Get ready for an extraordinary summer filled with excitement, exploration, and endless fun!

DATE OF REGISTRATION

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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## PERSONAL INFORMATION

Full Name :	<input type="text"/>					
Nickname :	<input type="text"/>	Place Of Birth :	<input type="text"/>			
Date of Birth :	<input type="text"/>	<input type="text"/>	/ <input type="text"/>	<input type="text"/>	/ <input type="text"/>	<input type="text"/>
Email :	<input type="text"/>			Mother's Name :	<input type="text"/>	
Gender :	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Phone Number:	<input type="text"/>
Country :	<input type="text"/>			Father's Name:	<input type="text"/>	
				Phone Number:	<input type="text"/>	

## ADDRESS

Present Address :	<input type="text"/>		
The City :	<input type="text"/>	Present State :	<input type="text"/>
Zip Code :	<input type="text"/>		

## GRADE OF SEPTEMBER 2025

Kindercamp ( Prek-4 "fully potty trained")	<input type="checkbox"/>	Explorer Club 4th grade	<input type="checkbox"/>
Fun Club 1st grade	<input type="checkbox"/>	Wild Spirit Club 5th-6th grade	<input type="checkbox"/>
Fun Club 2nd grade	<input type="checkbox"/>	Teen Spirit Club 7th-8th grade	<input type="checkbox"/>
Adventure Club 3rd grade	<input type="checkbox"/>	CIT "counselor in training"	<input type="checkbox"/>



**Sessions attending ( circle only those attending) :**

8 WEEKS	
5 DAY	\$3800
4 DAYS	\$3520
3 DAYS	\$2960

7 WEEKS	
5 DAY	\$3395
4 DAYS	\$3150
3 DAYS	\$2590

6 WEEKS	
5 DAY	\$2970
4 DAYS	\$2760
3 DAYS	\$2220

5 WEEEEKS	
5 DAY	\$2525
4 DAYS	\$2350
3 DAYS	\$1850

4 WEEKS	
5 DAY	\$2060
4 DAYS	\$1920
3 DAYS	\$1480

3 WEEKS	
5 DAY	\$1545
4 DAYS	\$1440
3 DAYS	\$1110

**PART TIME :** "Please circle which part-time days."

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

- Registration fees: \$50
- Siblings discount: 10%
- Military discount: 10%
- 2 last week's security deposit with enrollment.
- We accept Childcare resources (Subsidy)
- Optional Hot lunch for additional fees
- Day Trips for additional fees first come first serve
- Before care service 7:30 am to 9:00 am and After care 4:00pm to 5:00 pm \$15/hour



### **Persons Authorized to Pick up Child ( other than listed above)**

1	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
2	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
3	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>

### **Persons NOT Authorized to Pick Up Your Child:**

1	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
2	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>

### **Emergency Contact ( other than parents listed above)**

1	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
2	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
3	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>



**Emergency Health Information:**

Doctor's Name/ Clinic:  Phone Number:

Address:

Child's Insurance Card  
Name & Number:

**Consent for Emergency Care:**

I  authorize the staff of Tommy's Summer Camp to call a medical emergency in the case of an accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent:  Date:

**Health Information ( Please attach a separate sheet is necessary):**

Regular medication and reasons for ( please list):

Allergies/ Reactions and treatment (please list) :

Any concerns/ issues regarding your child's health (seizures, asthma, vision, hearing, etc.)  
Please list and describe):



## **“Policies And Agreement Contract”** **(Please read and initial)**

I \_\_\_\_\_ understand that whenever I drop off or I pick up my child, I must enter the Day Camp site to sign the roll sheet and write down the time I dropped my child off or the time I picked my child up.

I \_\_\_\_\_ understand that the person picking up my child, including parents, may have to provide a photo ID if not recognized by staff.

I \_\_\_\_\_ understand that I will be required to pay tuition fully by May 15, 2025 for all sessions that I checked.

## **Photo Release Consent** **(Please read and initial)**

I \_\_\_\_\_ give my permission for Tommy Summer Camp to use without limitation or obligation, photographs, film footage, or tape recording which may include my children's image or voice for the purpose of promotion or interpreting our programs.

I \_\_\_\_\_ DO NOT give my permission for Tommy Summer Camp to use without limitation or obligation, photographs, film footage, or tape recording which may include my children's image or voice for the purpose of promotion or interpreting our programs.

### **Terms & Conditions:**

We acknowledge that unforeseen circumstances may arise, necessitating changes to your session dates or cancellation altogether.

Before proceeding, please familiarize yourself with the following general guidelines:

- Cancellation with more than 30 days until the session start date will result in a refund of all money paid, less 20% deduction (excluding the non-refundable registration fee of \$50).
- Cancellation between 15 and 30 days until the session start date will result in a 50% refund (excluding the non-refundable registration fee of \$50).
- No refunds will be issued for cancellations made within 2 weeks prior to the start of the camp.
- Charges for Before/After care will be based on actual usage and billed at the end of each week.



There are NO refunds for camp closings, incidental absences, late arrival, early departure, withdrawals or dismissal from camp.

In the event that your child is absent from camp due to an accident or sickness (as certified by a physician), we will refund as follows: Payment shall be made after the 5th consecutive absence from camp.

After the 5th consecutive absence, a refund per day will be paid to you for each day's consecutive absence.

**Camp is not responsible for clothing or personal belongings lost on premises or on trips.**

The camp reserves the right to evaluate any child with physical, mental or emotional disabilities prior to camp.

For the general welfare of campers, the camp reserves the right to dismiss any camper whose conduct or influence is inimical to the camp's best interest.

If you choose less than 8 weeks, and add weeks after the camp starts, you will be billed at a weekly rate. (No discounts will apply).

Any program changes made after registration will be prevailing rate. I understand that if I have not paid my child's balance in full by the due date, my child's enrollment is subject to cancellation.

- I  accept these Terms and Conditions.

Signature of parent or guardian: \_\_\_\_\_ DATE: \_\_\_\_\_