



2012 Summer Camp Registration Form

Please mail or return forms to 116 Hilton Ave., Durham, NC 27707
 Camp is held at the address above, directly behind our former main campus at 2400 University Dr.
 Camps will be held at our new location at 2800 Pickett Rd. in future years.

Camper Information

Child's First Name (Please print clearly on the line above.) _____ Last Name _____ Goes By _____

Sex: M F Date of Birth: _____ Age as of June 1, 2012: _____ Check if your child is a **returning camper**

Current School/Daycare _____ Is your child enrolled at MCHD for the 2012-13 school year?
 Yes No

Parent/Guardian Information

Ms. Mr. _____ Ms. Mr. _____

First Name (Please print clearly on the line **above**.) _____ Last Name _____ First Name (Please print clearly on the line **above**.) _____ Last Name _____

Home Address _____ Home Address (if different) _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Email Address for Confirmation (please print clearly on line **above**) _____ Email Address for Confirmation (please print clearly on line **above**) _____

Camp Registration: Select the desired weeks from the table below. Also check the Extended Hours Needed box if you need Extended Hours during that week.

Week	Dates	Theme	8am—3pm	3pm—5:30pm
1	June 11-15	North Carolina Fossil Dig	<input type="checkbox"/>	<input type="checkbox"/>
2	June 18-22	State Treasures	<input type="checkbox"/>	<input type="checkbox"/>
3	June 25-29	Landforms of NC Part I	<input type="checkbox"/>	<input type="checkbox"/>
4	July 9-13	Landforms of NC Part II	<input type="checkbox"/>	<input type="checkbox"/>
5	July 16-20	Water Cycles	<input type="checkbox"/>	<input type="checkbox"/>
6	July 23-27	Air and its Relationship to Land and Water	<input type="checkbox"/>	<input type="checkbox"/>
7	July 30-Aug 3	Heat and the Elements	<input type="checkbox"/>	<input type="checkbox"/>
8	August 8-10	Gears, Pulleys, and Gravity	<input type="checkbox"/>	<input type="checkbox"/>
9	August 13-17	Static Electricity & Magnetics at Work	<input type="checkbox"/>	<input type="checkbox"/>

Regular Schedule: 8:00am - 3:00pm Daily
 \$225 per child per week
Extended Hours Option:
 3:00-5:30pm:
 \$55 per child per week

How did you hear about our summer camp program?

Word of mouth
 MCHD
 Summer Camp Fair
 Publication Ad: _____
 Another school: _____

Calculate total payment: Fees due at time of registration; please see Fees and Payment Schedule for more detailed information

Camp # of weeks ____ X \$225 = \$ _____

Extended Hours Option # of weeks ____ X \$55 = \$ _____

Fee if Registering after April 1st Add \$25 + \$ _____

Total Fees \$ _____

Please tell us, in full, about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information that might aid in the enhancement of your child's camp experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler, etc), you will need to supply this to the summer camp office, prior to your child's attendance at camp, labeled with your child's name, and including detailed instructions on our Permission to Administer Medication form. The kit will be returned to you if unused.

Please describe your child's napping and toileting needs, if any.

Permission & Liability Waiver:

My child, _____, has permission to fully participate in Montessori Children's House of Durham's (MCHD) summer camp activities during the 2012 summer term. I, as parent/legal guardian, do hereby grant the MCHD staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless Montessori Children's House of Durham and its agents from liability resulting from an accident. The North Carolina Good Samaritan Law will apply.

I hereby grant permission for the staff of MCHD's Summer Camp program to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, a staff member will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we can not make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that MCHD and its staff members will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that MCHD's staff will not administer any drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian.

Enrollment for your child in MCHD's Summer Camp Program constitutes your agreement to this waiver.

I understand that all Emergency Information on the Emergency Form must be complete before my child may attend camp. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Signature Parent/Guardian 1	Date	Signature Parent/Guardian 2	Date
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Print Name Parent/Guardian 1	Print Name Parent/Guardian 2
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Publicity Release Form (optional): I authorize Montessori Children's House of Durham to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with Montessori Children's House of Durham. I understand that my child's name will not be published with an image.			
Signature Parent/Guardian 1	Date	Signature Parent/Guardian 2	Date

Montessori Children's House of Durham does not discriminate on the basis of gender, race, color, creed, family structure, national or ethnic origin, sexual orientation, age, citizenship, military status, and genetic information in admissions, programs, employment, financial assistance, activities, use of facilities, or privileges.

2012 Emergency and Medical Information



Please return forms to 116 Hilton Ave., Durham, NC 27707. Camp is held at the address above, in a residential home directly behind our former main campus at 2400 University Dr. In future years, our camp will be held at our new location at 2800 Pickett Rd.

Child's First Name Middle Name Last Name Date of Birth

Child's Home Address City/State/Zip Home phone

Parent 1: Name Parent 2: Name

Cell Phone Work Number Cell Phone Work Number

Employer Employer

EMERGENCY CONTACTS (in case parent(s) / guardian(s) cannot be reached):

Name Relationship Phone Numbers

Name Relationship Phone Numbers

Child's Doctor Practice Name Phone Number

Child's Dentist Practice Name Phone Number

Health Insurance Company POLICY NUMBERS

Dental Insurance Company POLICY NUMBERS

List any medical conditions of which the school should be aware of such as allergies, diabetes, asthma, dietary restrictions, etc. Please describe how an episode/emergency should be treated, and provide the summer camp office with a kit (EpiPen, inhaler, insulin, bee sting kit, etc), including signed & dated, clear & detailed instructions on our Permission to Administer Medication Form, supplied by the summer camp office. These items will be returned if unused. Please also list reactions, rashes, special diet or food restrictions, or other minor concerns.

Does your child take any medications/supplements/vitamins/herbal remedies regularly? If so, please list name, dose, and frequency.

Topical Ointment Permission

I ___do ___ do not give permission to staff to use discretion in applying topical ointments to my child for minor first aid needs.

Dismissal Authorization

You may designate below those friends or relatives who have your permission to pick up your child from camp on a standing basis. We will not release your child to anyone for whom we do not have your written authorization, so please keep this form up to date by informing the office of any changes during the summer.

For temporary pick-up arrangements from camp, please give your child's teacher a WRITTEN and DATED note that morning.

My child always has permission to ride with:

Name Phone Number(s)

Name Phone Number(s)

Name Phone Number(s)

Name Phone Number(s)

In the event I cannot be reached at the time of illness or accident to make arrangements for **emergency medical care**, I hereby authorize Montessori Children's House of Durham to get my child to the nearest doctor or hospital and to obtain the necessary medical assistance. I have provided necessary contact information, description of allergies, and medications taken by my child, and adults allowed to pick up my child from the summer camp program.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian