



LITTLE  
HOUSE  
AFTER  
SCHOOL

## 2008 Summer Camp Registration Form

### 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, 2008: \_\_\_\_\_

Current School/Daycare

Is your child enrolled at MCHD for the 2008-09 school year?

Yes  No

### Parent/Guardian Information

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Ms.  Mr.

Ms.  Mr.

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

Last Name

First Name

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 Registration Confirmation; please write clearly)

Email Address (for Registration Confirmation; please write clearly)

**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	Check Selection(s)	Extended Hours Needed
1	June 9-13	The Solar System and Us	<input type="checkbox"/>	<input type="checkbox"/>
2	June 16-20	Life Under the Surface	<input type="checkbox"/>	<input type="checkbox"/>
3	June 23-27	Prehistoric Times	<input type="checkbox"/>	<input type="checkbox"/>
4	July 7-11	Clay Creations	<input type="checkbox"/>	<input type="checkbox"/>
5	July 14-18	Forms of Shelter	<input type="checkbox"/>	<input type="checkbox"/>
6	July 21-25	Forms of Transportation	<input type="checkbox"/>	<input type="checkbox"/>
7	July 28-August 1	Living with the Earth in Mind	<input type="checkbox"/>	<input type="checkbox"/>
8	August 4-8	Color and Art	<input type="checkbox"/>	<input type="checkbox"/>
9	August 11-15	Treasure Dig	<input type="checkbox"/>	<input type="checkbox"/>

**Regular Schedule:** 8:30am - 3:00pm Daily  
\$220 per child per week

**Extended Hours Option:** 3:00-5:30pm Daily  
\$55 per child per week

**Calculate total payment.** Please see Fees and Payment Schedule for more information on when fees are due.

**Camp** # of weeks \_\_\_\_ X \$220 = \$ \_\_\_\_\_

**Extended Hours Option** # of weeks \_\_\_\_ X \$55 = \$ \_\_\_\_\_

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

**Total Fees** \$ \_\_\_\_\_

Please tell us about any medical and/or developmental conditions or any other pertinent information that might affect your child during his/her camp experience.

Please list all current medication(s), vitamins, inhalers, etc. Also, please note if your child requires an emergency allergy kit (ie. Epipen or bee sting kit). You will need to supply this to Little House, to 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 Little House Summer Camp activities during the 2008 summer term. I, as parent/legal guardian, do hereby grant the LHAS 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 Little House After School and its agents from liability resulting from an accident situation. The North Carolina Good Samaritan Law will apply.

I hereby grant permission for the staff of Little House Summer Camp 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, 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 relatives/friends listed. If we can't make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that Little House 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 Little House Summer Camp staff will not administer any drug or medication without specific written instruction from the health care provider or the child's parent/guardian.

Enrollment for your child in Little House Summer Programs constitutes your agreement to this waiver.

I understand that all Emergency Information on the Emergency Form must be complete before my child may attend.

I have read and understand all policy and procedural information, including payment and cancellation policies.

Signature Parent/Guardian 1	Date	Signature Parent/Guardian 2	Date
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Print Name Parent/Guardian 1	Date	Print Name Parent/Guardian 2	Date
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**Publicity Release Form (optional):**

I give permission to Little House Summer Camp to use photographs of my child for public relations purposes connected to this or future Little House Summer Camps.

Signature Parent/Guardian 1	Date	Signature Parent/Guardian 2	Date
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