

**A Child's Place @ Hollin Hall**  
**Hollin Hall Summer Day Camp 2010 Registration and Permission Form**  
**1500 Shenandoah Road; Alexandria, Virginia, 22308**  
**Office: (703) 765-8811 Cell: (703) 717-2487**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M F  
S.S. #: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

**Parents:**       Single                       Married                       Separated                       Divorced

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Persons or Agencies Having Legal Custody:**

Special Instructions Regarding Child Custody: \_\_\_\_\_

Persons Authorized to Pick Up Child: \_\_\_\_\_

Persons NOT Authorized to Pick Up Child: \_\_\_\_\_

**Emergency Contact Information (2 other than parents listed above, MUST BE LOCAL):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**How did you find out about A Child's Place Summer Camp?**

Parent Referral       Coupon       Yellow Pages       Office for children       Internet       Signs

**Parental Permission:**

- Parents hereby give permission for camper to attend all activities and field trips to include swimming.
- Parents hereby give permission for use of pictures, audio, or videotapes of camper participation in Summer Camp activities for camp publicity purposes.

**Camp Care Duty:**

- ❑ The camp shall exercise reasonable care in the supervision and welfare of the camper during the period the camper is in attendance. In a medical emergency, the camp shall attempt to contact the parents as soon as possible, but it shall be free to secure the most available medical assistance consistent with what appears to be in the best interest of the camper at the time of the emergency.

**Health Policy:**

- ❑ Parent agrees that if the child’s temperature rises above 100 degrees or shows signs of other communicable illness while at camp, the parent will make every effort to have the child picked up within the hour.

**Personal Belongings/Money:**

- ❑ The Counselors and other staff members of A Child’s Place at Hollin Hall will not be held responsible for loss of money/personal belongings brought to by campers for field trips or other purposes. Please make sure that your child understands that he or she is responsible.

**Sunscreen:**

- ❑ For all outdoor field trips, sunscreen with an appropriate SPF is highly recommended.
- ❑ The Counselors of A Child’s Place at Hollin Hall will only apply sunscreen provided by parents.

**Attendance:**

Check each week of planned attendance. Total number of week’s camper will be attending: \_\_\_\_\_

_____ Mini Camp (July 23 – 25)	
_____ Week 1 (June 28-July 2 )	_____ Week 3 (July 5 -9) *
_____ Week 3 (July 12- 16)	_____ Week 4 (July 19-23)
_____ Week 5 (July 26- 30)	_____ Week 6 (August 2 - 6)
_____ Week 7 (August 9-August 13)	_____ Week 8 (August 16-20)
_____ Week 9 (August 23 -27)	_____ Week 10 (August 30-Sept. 3)*

\*We are closed Friday, July 3<sup>rd</sup> and Friday, September 3<sup>rd</sup>. There is no prorating of fees for this week.

\*\*\*Due to limited space, all changes must be made in writing on or before Friday, June 12<sup>th</sup>, 2009 or the tuition for the weeks your child is scheduled to attend will be charged to you **in full** regardless of your child’s attendance. There will be no exceptions to this policy. If you have any questions about this policy, please contact the Camp Director.

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The Parent(s) of \_\_\_\_\_ submit herewith a **NON-REFUNDABLE REGISTRATION FEE** of \$175.00 for enrollment in the A Child’s Place @ Hollin Hall Summer Day Camp Program. **I have also read and understand the policies stated in the camp packet and agree to abide by these policies.**

Parent(s)/Guardian Signature: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_

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