

Hollin Hall Summer Day Camp @ A Child's Place
2012 Registration and Permission Form
1500 Shenandoah Road; Alexandria, Virginia, 22308
Office: (703) 765-8811 Cell: (703) 717-2487

Office Use Only*

Kinder Camp ____

Jr. Camp ____

Sr. Camp ____

Name: _____ 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: _____

Mother's Email: _____ Father's Email: _____

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: _____

*It is at the discretion of the summer **camp director as to which camp the camper is assigned. The camper's** age, interests and abilities are taken into consideration on an individual base to ensure every child has a completely safe and enjoyable summer season.

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. The summer camp director strongly requests that you do not give your camper more than \$5 per day. This limit really helps eliminate lost money.

Campers are not allowed to bring a cell phone to camp at any time. If a camper wishes to contact their parent, they may use the ACP office phone or the summer camp cell phone with permission from the summer camp director.

Campers may bring their DS or other game systems with the complete understanding that the camp does not assume any responsibility for the loss or damage. All game systems must have the camper's name written on each piece.

Sunscreen:

- For all outdoor field trips, sunscreen with an appropriate SPF is highly recommended.
- The Counselors of Hollin Hall Summer Day Camp will only apply sunscreen provided by parents.

Attendance:

Check each week of planned attendance.

_____ Week 1 (June 25-29)	_____ Week 6 (July 30-August 3)
_____ Week 2 (July 2-6)*	_____ Week 7 (August 6-10)
_____ Week 3 (July 9-13)	_____ Week 8 (August 13-17)
_____ Week 4 (July 16-20)	_____ Week 9 (August 20-24)
_____ Week 5 (July 23-27)	_____ Week 10 (August 27-31)*

Total number of week's camper will be attending: _____

*We are closed **Wednesday, July 4th** and **Friday, August 31**. There is no prorating of fees for these weeks.

Due to limited space, all changes must be made via email to hhsummerdaycamp@aol.com on or before **Tuesday, May 3, 2012** 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. Your camper may attend additional weeks after the deadline if space is available. These requests are filled on a first come first serve basis. If you have any questions about this policy, please contact the Camp Director.

The Parent(s) of _____ submit herewith a **NON-REFUNDABLE REGISTRATION FEE** of \$135 for single camper (\$200 for family) for enrollment in the Hollin Hall Summer Day Camp @ A Child's Place. **Registration and tuition checks are made payable to A Child's Place.** Weekly tuition is due no later than 9am Wednesday the week of attendance.

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: _____

Addendum to 2012 Summer Camp Season effective January 23, 2012

A \$5 surcharge will be applied to the weekly tuition per camper if the price of gas reaches \$4 per gallon anytime during the summer camp season, June 25 through August 31. Hollin Hall wishes to continue providing exciting and adventurous field trips for our campers. We invoke this extra fee to cover our rising transportation costs. You will be notified in advance should we need to apply the gas surcharge. We appreciate your understanding. *Please sign and date below signifying you acknowledge the gas surcharge policy. Thank you.*

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

OFFICE USE ONLY

- Proof of Identification
- Medical form
- Swim ability form
- Sunscreen form
- Camper agreement form

How did you find out about Hollin Hall Summer Camp?

- ___ Internet ___ Returning camper
- ___ Parent referral ___ Newspaper
- ___ Other, please specify ___ Open house

Hollin Hall Summer Day Camp @ A Child's Place 2012 Sunscreen Form

Campers will be spending a lot of time in the sun this summer and sunscreen for your child is highly recommended.

Our policy on sunscreen application is that the counselors may apply sunscreen **brought in by the parent along with this form signed by a doctor**. Counselors will not apply their own or any other child's sunscreen to your child.

Please complete this form and return to the office as soon as possible.
Thank you for your cooperation.

Camper's Name: _____

_____ I give permission for the staff of the Hollin Hall Summer Day Camp to apply sunscreen that I provide, accompanied by a doctor's signature, to my child.

_____ I do not give permission for the staff of the Hollin Hall Summer Day Camp to apply sunscreen that I provide, accompanied by a doctor's signature, to my child.

Parent Signature: _____

Doctor Signature: _____

Date: _____

Hollin Hall Summer Day Camp @ A Child's Place 2012 Swimming Ability Form

This summer, the campers will have the opportunity to use swimming pools at the G.W. ReCenter, Cameron Run, Pohick Bay (Pirate's Cove), Atlantis Water Park, Waterworks, Water Mine and Splash Down. We are asking parents to complete this form rating your child's swimming ability. Although we take precautions when the campers are in or near water, we will be better able to supervise and group children with this information.

All campers must wear a HHSDC issued swim shirt. Campers may wear a swim shirt from a previous camp season or one may be purchased for \$15. Campers are not permitted to wear their own personal swim shirts. Camp swim shirts allow staff to easily identify HHSDC campers in the water.

Please complete this form and return to the office as soon as possible.
Thank you for your cooperation.

Swimming Ability

Camper's Name: _____

I feel that my child's swimming ability is: *(please check one)*

Beginner

Intermediate

Advanced

Parent Signature: _____

Date: _____

Concerns: _____

