



SCHOOLHOUSE OF WONDER

Fall Intersession Camp 2009 – Registration Form

Please check the session(s) you wish to attend.

Camps for children ages 5-11:

- River Camp**
Sept 21-25
- Otter Camp**
Sept 28-Oct 2
- Earth Camp**
Oct 5-9

Camper's Name _____

Male Female Birth Date _____ Age on arrival at camp _____

Camper's Address _____

City, State & Zip Code _____

Parent/Guardian Name _____

Telephone Numbers: Home _____

Work _____

Cell/Other _____

Email _____

Other Parent/Guardian Name _____

Relationship _____

Telephone numbers: Home _____ Work _____

Cell/Other _____

Email _____

May we send camp information to you by email instead of regular mail? _____

Emergency Contact Name _____

Relationship _____

Telephone Numbers: Home _____

Work _____

Cell/Other _____

Please tell us of any physical, medical, or emotional conditions your child might have that will require our special attention. Please specify particular challenges/allergies and associated medications or special needs, if any.

May Schoolhouse of Wonder have permission to use your child's picture in promotional materials? Yes _____ No _____

CONTRACTUAL ARRANGEMENT BETWEEN SCHOOLHOUSE OF WONDER AND CAMPER'S FAMILY

Program Fees:

I understand the tuition for week-long camps is \$265 unless otherwise indicated. I further understand that due to monetary commitments to staff and materials prior to the start of the program, Schoolhouse of Wonder is unable to reserve my space until they receive my registration form with full tuition. Tuition refunds minus an administrative fee of \$25 may be available until 30 days prior to the start of the program, if a replacement can be found for the camp space. No refunds will be made after August 21, 2008. A \$35 fee will be charged for all returned checks.

Discounts: You may take \$15 off the cost of second and any additional camps purchased in this program.

Program Times:

I understand that camps begin at 9 am. Therefore, morning drop-off is scheduled from 8:15–9:00 AM. I understand that camps end at 5 PM with afternoon pick-up scheduled from 5:00–5:15PM. I agree to pay Schoolhouse of Wonder 50 cents for every minute after 5:20 that I am late for pick-up.

I understand that there is an early pick-up option for camps. This early pick-up is scheduled for 3:00–3:15PM. Barring emergencies, this is the only time prior to the end of the camp day that we are able to release campers for pick-up.

I would like the 3:00 early pick-up on the following days of camp: All These days _____

Authorization for Emergency Medical Care:

Should an accident or emergency occur that requires my child to receive medical care, I hereby give permission to the physician selected by Schoolhouse of Wonder staff to hospitalize and/or secure proper treatment for my child, except as noted below. I agree to be liable for these noted exceptions.

Exceptions to Treatment/Hospitalization: _____

Insurance Information:

Policy Holder's Name _____

Policy Number _____ Insurance Company _____

My child has my permission to enter into all camp activities. Schoolhouse of Wonder has been given all necessary medical and behavioral information about my child's health and well being.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Please send this completed registration form along with your check made payable to Schoolhouse of Wonder to:

5101-B N. Roxboro Road
Durham, NC 27704-1419
Phone: (919) 477-2116

www.schoolhouseofwonder.org

T-Shirts

Purchase a Schoolhouse of Wonder t-shirt for yourself or your child for \$10.

Circle size:

Child S M L

Adult S M L XL

Check if you would like a t-shirt.

How many? _____

Total added to registration fee
\$ _____