

Please check the session(s) for which you are registering.

These camps are for 5-7 year old campers

- Cricket Camp**  
June 14 -18  
9:00 AM – 3:00 PM
- Frog Camp**  
June 21-25  
9:00 AM – 3:00 PM
- First Artist Camp**  
June 28-July 2  
9:00 AM – 3:00 PM
- Toad Camp  
Four Day Camp  
\$215 per camper**  
July 6-9  
9:00 AM – 3:00 PM
- Sky Camp**  
July 12-16  
9:00 AM – 3:00 PM
- Sense of Wonder  
Camp**  
July 19-23  
9:00 AM – 3:00 PM
- Cricket Camp II**  
July 26-30  
9:00 AM – 3:00 PM
- Frog Camp II**  
August 2-6  
9:00 AM – 3:00 PM
- Sky Camp II**  
August 9-13  
9:00 AM – 3:00 PM
- Toad Camp II**  
August 16-20  
9:00 AM – 3:00 PM

All of the above camps will be held at:  
West Point on the Eno Park,  
5101 North Roxboro Road,  
Durham, NC 27712

# SCHOOLHOUSE OF WONDER

## Summer Camps 2010 – Ages 5-7 years old

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 (print) \_\_\_\_\_

Other Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell/Other \_\_\_\_\_ Email (print) \_\_\_\_\_

**We will send camp information to you by email, unless you specify here that you prefer to receive camp information by regular mail. USPS delivery to home address, please \_\_\_\_\_.**

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:**

The tuition for week-long camps is \$265 unless otherwise indicated. 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 we receive the registration form with **full tuition**. A tuition refund minus an administrative fee of \$25 may be available until May 14, 2010, **IF** a replacement can be found for the space. After May 14, no refunds will be made. A \$20 fee will be charged for all returned checks.

**Discounts:**

We will offer the following multiple camp discount: if a family registers for two or more camps, they may take \$15 off the price of the second and subsequent camps registered for at the same time.

**Program Times:**

Camps begin at 9AM. Morning drop-off is scheduled from **8:15-9:00AM**. Camps end at 3 pm with afternoon pick-up scheduled from **3:00-3:15pm**. I agree to pay Schoolhouse of Wonder 50 cents for every minute after 3:20 that I am late for pick-up. **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.**

<p><b>Authorization for Emergency Medical Care:</b> 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.</p> <p>Exceptions to Treatment/Hospitalization: _____ _____</p> <p><b>Insurance Information:</b></p> <p>Policy Holder's Name _____</p> <p>Policy Number _____ Insurance Company _____</p>
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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 North Roxboro Road  
Durham, NC 27704-1419

<p align="center"><b>T-Shirts</b></p> <p>Purchase a Schoolhouse of Wonder t-shirt for yourself or your child for \$10. Circle size:</p> <p>Child    S    M    L</p> <p>Adult    S    M    L    XL</p> <p>How many? _____</p> <p>Total added to registration fee \$ _____</p>
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Where did you hear about our programs? \_\_\_\_\_

**Thank you for signing up for our 2010 Summer Camps! We look forward to seeing you!**