



Schoolhouse
of **WONDER**

SCHOOLHOUSE OF WONDER

Discovery Days,
November 2010
For children ages 5-11

Single-day Camps:

- November 1, 2010
- November 11, 2010
- November 24, 2010

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) _____

To save trees and money, we will send camp information to you by email. Please let us know if you have special needs for your documentation.

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 single-day camps is \$55 when purchased one at a time. When purchased at the same time, a \$15 reduction in cost may be applied to the second camp day. The tuition for a package of all three November Discovery Day Camps is \$120. 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 tuition payment. A tuition refund minus an administrative fee of \$25 may be available until thirty days prior to the start of the camp, if a replacement can be found for the space, after which no refunds will be available.

Program Times:

Camps begin at 9AM. Therefore, morning drop-off is scheduled from **8:15–9:00AM**. I understand that camps end at 5PM 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.

There is an early pick-up option for camps. This early pick-up is scheduled for **3:00–3:15pm**. **Please note: no tuition reduction is offered for those families choosing the early pick-up option. Also, 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

Thank you for signing up for our Discovery Day Camp! We look forward to seeing you!
www.SchoolhouseOfWonder.org