

# SUMMER CAMP APPLICATION FORM

## Comprehensive Tutoring Team, Inc.

2009 Summer Literacy Enrichment Camp

### Instructions for Parent/Guardian:

Please complete the form below with the required information & signatures. Then detach this form at the dotted line and return to Gateway Longview Family Resource Center, with \$25 registration fee. Please attach Day Care Assistance approval letter if applicable.

### Personal Data

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Day Care Assistance Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_

In the event of an emergency or injury I give my permission to have my child, \_\_\_\_\_ treated by a medical physician at the nearest hospital. I also give my permission to deny my child to be treated at a medical facility if a staff person of CTT can treat them or deems it not to be necessary to be transported to a hospital. In consideration of my child's participation in the CTT summer camp program, I hereby agree not to sue and hereby release Comprehensive Tutoring Team, Inc., its employees and volunteers from any and all liability for any injury or damage to my child while at the facility or in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dismissal

Yes my child is a walker and will be dismissed at 4:00pm.

I will pick my child up from Gateway-Longview FRC (located at 347 East Ferry) no later than 4:00 PM and I will come in and sign my child out. I understand that I must do so no later than 4:15 PM or I will have to pay a \$5 late fee before my child returns to camp.

Yes my child will need extended care until \_\_\_\_\_ PM. I understand that it is \$10 per week & ends at 6:00 PM. All fees must be paid by the Friday of the week prior to service.

### Field Trip Permission

I give \_\_\_\_\_ permission to participate in all CTI summer camp program field trips.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Regulations & Release

The cost of CTT summer camp program is \$185 per child, per week. In order to hold a camp a slot a \$25 non refundable deposit is required. There are no membership refunds. The following rules must be followed to maintain participation: There are no refunds. All fees are due prior to the first day of camp, unless otherwise specified. My signature below certifies that I want my child to participate in CTT's Summer Camp Program, and that I have read and agree to all of the regulations, requirements, rules, and procedures described in this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_