

# REGISTRATION FORM 2010



## PERSONAL

Camper's Name \_\_\_\_\_

Grade (September 2010) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## MEDICAL – REQUIRED FOR ALL CAMPERS

This section needs to be filled out by all campers.

*For sports campers only attach immunization records.*

My child has been examined by a physician within the past year. The physician's recommendation and any restrictions are listed below. There is no apparent physical or emotional condition which would limit participation in camp activities.

Comments \_\_\_\_\_

Medications \_\_\_\_\_

Restrictions \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE FORM THIS RELEASE FORM IS FOR June 14–August 20, 2010

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by Concordia College to attend to my child. I expect that every effort will be made to contact me in order to receive my specific authorization before any hospitalization. I understand that campers are required to have their own comprehensive health and hospitalization insurance.

Emergency Phone Numbers

Who do you want called first? 1. \_\_\_\_\_  
Name Home Phone/Cell Phone Relationship

Who do you want called second? 2. \_\_\_\_\_  
Name Home Phone/Cell Phone Relationship

STATE LAW REQUIRES TWO PHONE NUMBERS Please indicate two phone numbers at which you and/or a designated emergency contact person can readily be reached during camp hours (8:00am–6:00pm).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO CONSENT

Yes, I agree that camp photographs of my child may be used by **CONCORDIA DAY CAMP** and Concordia College to promote the program. I understand that names will not be disclosed.

No, I do not want photographs of my child to be used for such purposes.

## Where did you hear about **CONCORDIA DAY CAMP**?

Flyer  Friend  School  Previously attended **CONCORDIA DAY CAMP**  Concordia Day Camp website

Internet—Which site? \_\_\_\_\_  Magazine or Newspaper—Which one? Other \_\_\_\_\_





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## Ages 3-5

<b>Concordia Conservatory</b>	Page 2
<b>Mini Camp June 14-25</b>	
<input type="checkbox"/> 9:00-noon	\$435
<b>Early Childhood Music Class</b>	
Class _____	\$120
Days/Time _____	

<b>EARLY CHILDHOOD ENRICHMENT</b>	Page 3
<b>Session 1 June 28-July 16 Ages 3-5</b>	
<input type="checkbox"/> 9:00-noon	\$745
<input type="checkbox"/> noon-2:00	\$500
<b>Session 2 July 19-August 6 Ages 3-5</b>	
<input type="checkbox"/> 9:00-noon	\$795
<input type="checkbox"/> noon-2:00	\$525

<b>EARLY CHILDHOOD SPORTS</b>	Page 4
<b>Session 1 June 28-July 16 Ages 3 1/2-5</b>	
<input type="checkbox"/> noon-3:00	\$510
<input type="checkbox"/> noon-5:00	\$835
<input type="checkbox"/> Optional Swimming	\$80
<b>Session 2 July 19-August 6 Ages 3 1/2-5</b>	
<input type="checkbox"/> noon-3:00	\$545
<input type="checkbox"/> noon-5:00	\$900
<input type="checkbox"/> Optional Swimming	\$80

### DEPOSIT AND/OR PAYMENT

Please complete both sides of this application. A non-fundable \$150 deposit is required for each session of the Enrichment, Music, Art, Sports, and Day Trip Adventures Camp. Send completed registration form and payment to:

#### CONCORDIA DAY CAMP,

171 White Plains Road, Bronxville, NY 10708  
or fax form to: 914-395-4500 Att. Jackie Kutner:

Amount paid with registration \$ \_\_\_\_\_

Checks should be payable to: Concordia College  
If you wish to use Visa, MasterCard, or American Express, please complete the following or call (914) 395-4848:

Visa     MasterCard     American Express

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount charged \$ \_\_\_\_\_

Signature \_\_\_\_\_

Initial here to have the balance due charged automatically to the above credit card on May 28, 2010: \_\_\_\_\_

## Grades 1-12

<b>Concordia Conservatory</b>	Page 16-17
<b>Session 1 June 28-July 16</b>	
Beginner Piano, Guitar	
<input type="checkbox"/> 9:00-noon	\$745
Camp _____	
<b>4 Week Session June 28-July 23</b>	
<input type="checkbox"/> 9:00-noon	\$965
Camp _____	
<input type="checkbox"/> 1:00-4:00	\$965
Camp _____	
<input type="checkbox"/> 1:00-5:00	\$995
Camp _____	
<input type="checkbox"/> Optional lunch between all programs	\$80

<b>ENRICHMENT PROGRAM</b>	Page 5-15
<b>Session 1 June 28-July 16 Grades 1-9</b>	
<input type="checkbox"/> 9:00-10:15	\$745
1st choice _____	
2nd choice _____	
<input type="checkbox"/> 10:45-Noon	
1st choice _____	
2nd choice _____	
<input type="checkbox"/> Noon-2:00	Ext. Day General, Grades 1-9 \$500
<input type="checkbox"/> Noon-2:00	Childcare Class, Grades 6-9 \$500
<b>Session 2 July 19-August 6 Grades 1-9</b>	
<input type="checkbox"/> 9:00-10:15	\$795
1st choice _____	
2nd choice _____	
<input type="checkbox"/> 10:45-noon	
1st choice _____	
2nd choice _____	
<input type="checkbox"/> noon-2:00	Ext. Day General, Grades 1-9 \$525
<input type="checkbox"/> noon-2:00	Science Sleuths, Grades 5-9 \$525

<b>ART AT CONCORDIA</b>	Page 15
<b>Session 1 June 28-July 16 Grades 4-9</b>	
<input type="checkbox"/> 1:00-5:00	Oil Painting \$932
<b>Session 2 July 19-August 6 Grades 4-9</b>	
<input type="checkbox"/> 1:00-5:00	Ceramics \$995

<b>SPORTS PROGRAM</b>	Page 18
<b>Session 1 June 28-July 16 Grades 1-9</b>	
<input type="checkbox"/> noon-5:00	\$835
<input type="checkbox"/> Optional Swimming	\$80
<b>Session 2 July 19-August 6 Grades 1-9</b>	
<input type="checkbox"/> noon-5:00	\$900
<input type="checkbox"/> Optional Swimming	\$80

<b>DAY TRIP ADVENTURES CAMP</b>	Page 19
<input type="checkbox"/> Week 1	<b>August 9-13</b> <b>Grades 2-9</b> \$500
<input type="checkbox"/> Week 2	<b>August 16-20</b> <b>Grades 2-9</b> \$500