

# Excelsior International Academy

## All Starz Summer Camp 2016

### Registration Form

Please print clearly:

Today's Date: \_\_\_\_\_ Anticipated Enrollment Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School currently attending: \_\_\_\_\_ Grade (Fall 2016): \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Child's Primary Residence: \_\_\_\_\_

Child's Primary Residence:  Mother  Father  Both  Legal Guardian

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed

Primary Telephone Contact: \_\_\_\_\_ Secondary Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

#### **ENROLLMENT DATES: (Please select weeks attending)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="radio"/> Week One (June 13<sup>th</sup> - June 17<sup>th</sup>)</li> <li><input type="radio"/> Week Two (June 20<sup>th</sup> - June 24<sup>th</sup>)</li> <li><input type="radio"/> Week Three (June 27<sup>th</sup> - July 1<sup>st</sup>)</li> <li><input type="radio"/> Week Four (July 5<sup>th</sup> - July 8<sup>th</sup>)*</li> <li><input type="radio"/> Week Five (July 11<sup>th</sup> - July 15<sup>th</sup>)</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Week Six (July 18<sup>th</sup> - July 22<sup>nd</sup>)</li> <li><input type="radio"/> Week Seven (July 25<sup>th</sup> - July 29<sup>th</sup>)</li> <li><input type="radio"/> Week Eight (August 1<sup>st</sup> - August 5<sup>th</sup>)</li> <li><input type="radio"/> Week Nine (August 8<sup>th</sup> - August 12<sup>th</sup>)</li> </ul> |
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\*No camp July 4th

Participation in any of Excelsior International Academy's (Excelsior) camp activities and the use of any recreational facility involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Center, I/we assume all risks and hazards incidental to these activities, and release from responsibility and agree to indemnify and hold harmless the Center - its officers, director, independent contractors, volunteers and all employees - for any illness or injury to me, my child(ren), or family members occurring during his/her/our participation in any activity or the use of any facility or activity conducted by Excelsior International Academy. An Excelsior Medical Health Form will be provided. STATE LAW requires that the Medical Health Form be in the child's file prior to the first day of camp. The medical emergency portion MUST be signed for acceptance. I/we will also allow the publication of any photos taken of my child while he/she is at camp. Photos will only be used for the purpose of marketing and advertising the center's programs.

#### **PAYMENT TERMS AND CONDITIONS:**

This registration must be accompanied by a non-refundable deposit of \$50 per child. I/we are responsible for payment of all camp fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will be sharing the expense of the camp fees, the party that signs this application holds ALL financial responsibility for payment of such fees on or before the assigned due dates.

**I have read and understand the camp information and rules within this brochure. I understand that camp deposits are non-refundable and non-transferable.**

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

**Excelsior International Academy**  
**Summer Camp 2016**  
**June 13<sup>th</sup> to August 12<sup>th</sup>**  
**Price List**

Please select the plan that best fits your schedule.

AGES 5 thru 12:

DAYS	TIME	WEEKLY RATE
○ 3 HALF DAYS	7:00 AM - 1:00 PM	\$60
○ 5 HALF DAYS	7:00 AM - 1:00 PM	\$80
○ 3 FULL DAYS	7:00 AM - 6:00 PM	\$90
○ 5 FULL DAYS	7:00 AM - 6:00 PM	\$125

**Siblings Discount:** A 5% discount off camp tuition will be offered to siblings. The camp will be **CLOSED** on Monday, July 4<sup>th</sup>, 2016 in observance of Independence Day.

<b>For Official Use Only:</b>	Date Rec'd _____	Amount Rec'd _____

**Excelsior International Academy  
Summer Camp 2016  
Information Request Form**

Child's Name: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2016) \_\_\_\_\_

1. Does your child have any medical concerns?     Yes     No  
If yes, please explain: \_\_\_\_\_

2. Does your child have any allergies?     Yes     No  
If yes, please explain: \_\_\_\_\_

3. Does your child take any medications?     Yes     No  
If yes, please explain: \_\_\_\_\_

4. Does your child have any special needs?     Yes     No  
If yes, please explain: \_\_\_\_\_

5. Is there anything else you would like us to know about your child?     Yes     No  
If yes, please explain: \_\_\_\_\_

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