



## 2013 Camp Hawklet's Hideaway Application



Please complete one application per child.

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthdate: Mo/Day/Yr \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐M ☐F Grade in September '13' \_\_\_\_ School name \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Marital Status ☐S ☐M ☐D ☐W ☐Sep ☐Re-M

Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Father's Business Ph: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Father's Cell Ph: ( ) \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Marital Status ☐S ☐M ☐D ☐W ☐Sep ☐Re-M

Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Mother's Business Ph: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Mother's Cell Ph: ( ) \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*\*\*Please indicate any custodial situations: \_\_\_\_\_

Please indicate program choice below. A deposit of the first 4 weeks of camp fees, made payable to Camp Hawklet's Hideaway, is required.

**Camp Costs:** \$35.00 per day regular fee 1<sup>st</sup> child  
\$30.00 per day subsequent children\*\*

**Extended Care:** Yes ☐ No ☐

Requires an extra \$5.00 per day per child

\*\*Discounts only valid when siblings enroll in full summer program.

5 days ☐

4 days ☐

3 days ☐

2 days ☐

☐Mon. ☐Tue. ☐Wed. ☐Thu. ☐Fri.

Specify days if less than five a week.

**Applications must be returned to the Board of Education office located in the Dennis Township Primary School.**

## 2013 TERMS OF ENROLLMENT

- Each application must be accompanied by the fee for the first 4 weeks of camp. Make checks payable to Camp Hawklet's Hideaway/DTSD.
- Application is due by May 1, 2013.
- Payment for the last 4 weeks of camp is due by May 31, 2013.
- Refund on camp tuition deposit 10 days prior to June 15<sup>th</sup> or at any time during the camp season will be given *ONLY* due to serious illness and accompanied by a Physician's Certificate. Such a refund will be prorated up to half of the camp fees.
- A medical examination is required for every camper. A completed Medical Form, Hospital Release and Insurance Form must be on file in the school office by May 1, 2013. No camper will be allowed to start camp without these forms on file.
- Vacation time must be submitted in writing 2 weeks prior. Maximum vacation time to get credit is 2 weeks.
- *If for any reason the application is withdrawn after acceptance by the Camp Director, an administrative fee will be deducted from the refund as follow: \$50.00 deducted for withdrawal after June 1<sup>st</sup>. \$100.00 deducted for withdrawal after June 11<sup>th</sup>. After June 19<sup>th</sup> the entire deposit is non-refundable.*
- Please fill out one application per **camper**.
- Additional applications and medical forms for all campers may be obtained by calling Dennis Township School District at 861-2821 x 509 or can be found on the Dennis Township School District website.
- No medications will be distributed during camp.

If responsibility for payment will not be handled by parent or guardian, list responsible individual or corporation's address and phone#: \_\_\_\_\_

### Camp Releases:

Please give/not give permission:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permission is hereby granted for the camper to participate in all camp activities, to leave campgrounds on day trips, on rainy days, and intercamp activities and to participate in walking and bus field trips.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permission is granted for use of photos of camper for promotional purposes.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permission is granted for release of camper information to other campers and parents.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does your camper have any food restrictions or allergies? If yes, please list: _____

I HAVE READ AND AGREE TO ALL THE TERMS OF ENROLLMENT ABOVE.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



