



2019 Hawklets' Hideaway Summer Camp Application

summercamp@dtschools.org

Monday - Thursday

July 1st - August 22nd

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 Age Child will be when camp begins: _____

Grade in September '19' _____ School District: _____

Father's Last Name: _____ First Name: _____

Address (*if different from child*): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Father's Business Ph: () _____ Ext. _____ Father's Cell Ph: () _____

Best to reach me by: ____ cell ____ home phone ____ work

Mother's Last Name: _____ First Name: _____

Address (*if different from child*) _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Mother's Business Ph: () _____ Ext. _____

Mother's Cell Ph: () _____

Best to reach me by: ____ cell ____ home phone ____ work

Emergency Contact Name: _____ Relationship to Child: _____

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 Hawklets' Hideaway, is required by: May 1st

Camp Costs:

\$35.00 per day regular camp day 8-4 p.m.
\$30.00 per day for each additional sibling

Extended Care:

\$5.00 per day includes 7:30-8:00 a.m. & 4:00-5:30 p.m.

Splash Zone Pass:

\$45.00 (\$69.95 value) Thursday campers must purchase- Includes Unlimited use all summer.
\$39.99 Optional Lunch package for Splash Zone – Can be used every day you go to Splash Zone.

<u>Circle Number of Days per Week & Specific Days Attending</u>			
	2 days	3 days	4 days
Monday	Tuesday	Wednesday	Thursday

<u>Circle Extended Care Days and Times</u>			
<u>Fill In \$5.00 for each day you choose</u>			
Monday	AM	PM	\$ _____
Tuesday	AM	PM	\$ _____
Wednesday	AM	PM	\$ _____
Thursday	AM	PM	\$ _____
Total Extended Care Per Week			\$ _____

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

Responsible Party: _____

Address: _____

Phone #: _____

T-Shirt Size (1-free) (\$8.00 for each additional shirt)						
Youth-	<input type="checkbox"/>	S	<input type="checkbox"/>	M	<input type="checkbox"/>	L
Adult-	<input type="checkbox"/>	S	<input type="checkbox"/>	M	<input type="checkbox"/>	L
# of shirts-	_____					

Payments Made to Camp Hawlets' Hideaway by May 1st payment due (1st 4 weeks)
June 14th 2nd payment due (2nd 4 weeks)

Total days attending per week _____ x 35.00 1st child

_____ x \$30.00 other siblings

Extended Care hours per week _____ x \$5.00 per child

Splash Zone (Thursday campers must purchase) _____ x \$45.00 good for the season

Splash Zone Lunch Pass _____ x \$39.99 each child per season

Extra T-Shirts _____ x \$8.00 each

Total payment _____ paid by cash or check # _____

TERMS OF ENROLLMENT

Applications must be returned to the Board Office located in the Dennis Township Primary School

- Application is due by May 1st 2019.
- Each application must be accompanied by the fee for the first 4 weeks of camp.
 - Make checks payable to Camp Hawklets' Hideaway/DTSD due by May 1st, 2019.
- Payment for the last 4 weeks of camp is due by June 14th, 2019.
- **NO REFUNDS** after June 21st.
- **NO REFUNDS** on camp tuition 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 June 7th, 2019. No camper will be allowed to start camp without these forms on file.
- Vacation time must be submitted in writing two weeks prior. Maximum vacation time to get credit is two weeks.
- Campers can be suspended or removed from camp due to frequent behavior issues without possible refund.
- 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 x110 or can be found on the Dennis Township School District website at dtschools.org.
- No medications will be distributed during camp.

Camp Release:

Please circle below to give/not give permission....

Yes 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. If no, please explain:

Yes No Permission is granted for use of photos of camper for promotional purposes.

Yes No Permission is granted for release of camper information to counselors/staff

Yes 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.

X _____ ***Signature of Parent or Guardian*** _____ ***Date***