



2014 Day Camp Registration Form

(One per child)

Return form with deposit to:

Summer at Tower Hill
2813 West 17th Street
Wilmington, DE 19806
Fax: 302.657.8366

Camper's Name: Last		First		Middle Initial		Nickname	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birth Date: / /		Current School		Grade in Fall 2013	
Address			City		State		Zip
Parent/Guardian (1)		Relationship		Parent/Guardian (2)		Relationship	
Place of Employment				Place of Employment			
Home Phone (1)		Work Phone (1)		Home Phone (2)		Work Phone (2)	
Cell Phone (1)		E-mail (1)		Cell Phone (2)		E-mail (2)	
Emergency Contact (other than parent) who has my permission to pick up my child						Phone	
Emergency Contact (other than parent) who has my permission to pick up my child						Phone	
Student Medical Information							
Child's Physician						Phone	
Child's Dentist						Phone	
Medical Insurance				Other Insurance			
Indicate child's serious medical problems:				Child's allergies:			

Day/Kinder Camp (check all weeks attending)			
Full Day 8:30 a.m. to 3:00 p.m. – Morning only 8:30 a.m. to 12 p.m. – Afternoon only 12 to 3 p.m.			
Weekly Cost:	Full Day \$275	Morning Only \$180	Afternoon Only \$110
June 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 30- July 3	<input type="checkbox"/> (\$220)	<input type="checkbox"/> (\$145)	<input type="checkbox"/> (\$90)
July 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 28- Aug. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 4-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Total \$ _____

Before / After Camp Care			
Weekly Cost:	AM Care 7:30 - 8:30 a.m. \$30 x ____ wks	PM Care 3:00 - 5:30 p.m. \$60 x ____ wks	
June 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<p>AM Care is required for all campers arriving before 8:15 a.m.</p> <p>Drop in rates: AM Care 7:30 - 8:30 a.m. - \$10 per day PM Care 3:00 - 5:30 p.m. - \$15 per day</p> <p>Late fee of \$15 will be charged for each 15 minutes late for pick-ups after 5:30 p.m.</p>
June 23-27	<input type="checkbox"/>	<input type="checkbox"/>	
June 30-July 3	<input type="checkbox"/>	<input type="checkbox"/>	
July 7-11	<input type="checkbox"/>	<input type="checkbox"/>	
July 14-18	<input type="checkbox"/>	<input type="checkbox"/>	
July 21-25	<input type="checkbox"/>	<input type="checkbox"/>	
July 28-Aug. 1	<input type="checkbox"/>	<input type="checkbox"/>	
Aug. 4-8	<input type="checkbox"/>	<input type="checkbox"/>	
			Total \$ _____

<p>Late fee if balance is paid after June 9, 2014 \$ 25.00</p> <p>Balance due if paid after June 9, 2014 \$ _____</p>	<p style="text-align: right;">Total \$ _____</p> <p>Please make checks payable to "Summer at Tower Hill"</p> <p>Less 50% deposit included with registration \$ _____</p> <p>Balance due by June 9, 2014 \$ _____</p>
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Summer Program Fee and Registration Policy

I understand that if circumstances require me to cancel my registration, cancellation requests received at least seven days prior to the first day of camp will be refunded in full, less a \$30 administration fee. After that or during camp, refunds will be offered for illnesses or accidents with a physician's note, less a \$30 administration fee. During the week of camp refunds will be pro-rated based on the length of attendance, less a \$30 administration fee. Refunds may take up to 3-4 weeks.

I acknowledge that the Tower Hill Summer Program reserves the right to cancel or modify individual programs due to enrollment or weather conditions. If the school decides a program change is necessary, the camper will be placed in an alternative program or the camp will provide a full refund, including the \$30 administration fee. Refunds may take up to 3-4 weeks

My child has my consent to take field trips as listed on the 2014 camp calendar and to attend swimming at the Windybush Swim Club on Tuesdays and Thursdays while camp is in session. I further understand that my child will either be taking a bus or walking on these trips.

I further agree the Tower Hill Summer Program may use the camper's name, portrait or likeness, video or artwork in connection with Summer Program activities, in publicizing the Summer Program or in social media as well as future known or unknown technologies.

Finally, I understand that all campers must conduct themselves in a responsible and respectful manner while attending Summer at Tower Hill. Any camper who is involved in inappropriate behavior that raises significant concerns will be subject to immediate dismissal and forfeiture of payment.

Parent/Guardian Signature: _____

NONPRESCRIPTION MEDICATIONS

The Camp Director or Trainer can give nonprescription medications with parental permission.

The following guidelines need to be followed:

1. The Camp Director must be notified of any allergies, especially to medication, that your child has.
2. All medications sent to school must be in the original container. (This is the law.)
3. A record of the medication given will be kept by the Camp Director.

Please contact the Camp Director if you have any questions.

I have read the above and request the Camp Director to give _____
(Name of Nonprescription Drug)

to _____ when deemed appropriate by the Camp Director.
(Name of student)

List known allergies to medicine: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL EMERGENCY PROCEDURES

Tower Hill School has adopted the following procedures in caring for your child when he/she becomes sick or injured at school: In case of a life-threatening emergency, the school will call 911 and then follow the steps below. In case of other emergencies and/or need of medical or hospital care:

1. The school will call the home.
2. If there is no answer at home, the school will call the father's, mother's or guardian's place of employment.
3. If there is no answer at the place(s) of employment, the school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature: _____ Date: _____

SPORTS CAMP CONSENT

As legal guardian of the child listed above, I certify that my child is in good physical condition and able to participate in all the activities at Tower Hill's Sports Camp. My child is covered by accident insurance, and I hereby release Tower Hill School and all its employees from any liability due to accident or injury to my child.

Parent/Guardian Signature: _____ Date: _____