



Camper's Name: _____

Current Grade: _____

Dover Skating Center Summer Day Camp

To enroll your child in the DSC Summer Day Camp, please fill out this form and select the dates that you would like your child to attend our camp. In order to guarantee a place for you child, we must receive this form no later than 1 week prior to the date(s) you have selected, with payment. We will still accept Enrollment Contracts after that date if we have space available.

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>
Week 1 (June 11-June15)					
Week 2 (June 18-June22)					
Week 3 (June 25-June29)					
Week 4 (July2-July 6)			NO CAMP		
Week 5 (July9-July13)					
Week 6 (July 16-July 20)					
Week 7 (July 23-July 27)					
Week 8 (July 30- August 3)					
Week 9 (August 6-August 10)					
Week 10 (August 13-August 17)					
Week 11 (August 20-August 24)					

- Registration and payment are due 1 week before the date(s) needed to guarantee availability.
- Camp is open from 8:30-4:30 pm. Includes lunch, snack, and drinks. Call if you need before or after care.
- The cost is \$40 per day or \$175 per week .
- New campers must have all required paperwork turned in before child can attend camp.
- There is an annual \$50 registration fee for all new campers. (Valid June 1, 2018-May 30, 2019)

Camper's Name: _____

Camper's Age: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Has your child attended DSC camp since June 2017? _____

I, the parent/guardian of _____ have read the above enrollment contract agreement which shall become my obligation to Dover Skating Center.

Parent/Guardian Signature: _____

Date: _____



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Camp Behavior

The DSC Summer Day Camp wants all of our campers to have a rewarding and memorable experience. In order for this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a safe, positive, and fun summer.

Camp Rules:

- To treat myself, others, and our camp with care, honesty, respect and responsibility.
- To follow directions and instructions from all staff.
- To stay with my group and counselor at all times unless given permission to do otherwise.
- To keep hands, feet, and all other body parts to myself.
- To be responsible for all personal belongings.
- To respect all camp facilities, equipment and property.
- To not use any foul or inappropriate language at any time.
- To Have Fun!

Camper Consequences:

- Redirection of camper
- Verbal warning or time out
- Visit Camp Director and call home. Camper will speak to parents at that time.
- In the event that a second phone call is necessary, the camper will be sent home.
- In the event of consistent or excessive failure to follow the rules, the camper will be sent home.
- If the camper severely endangers the physical, mental or emotional health of another individual, the camper may be sent home immediately.
- DSC reserves the right to terminate a camper's enrollment at our discretion.

Behavior Management/Discipline Agreement

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy, and understand that in the event my child is sent home or suspended for failure to follow the rules, I will not receive a refund for any camp fees for that time. If my child is removed from the camp permanently, I will not receive a refund. My contract will be terminated at the date that the camper was sent home.

Signature of Parent/Guardian: _____

Signature of Camper: _____

Date: _____



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HEALTH & WELLNESS RECORDS page 1

Child's Name: _____

Address: _____

City _____ State: _____ Zip: _____

Date of Birth: _____ Boy/Girl: _____ Age: _____

Parent/Guardian: _____ Relationship: _____

Home Phone _____

Work Phone: _____

Cell Phone: _____

Address: (if not the same as camper) _____

City _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship: _____

Home Phone _____

Work Phone: _____

Cell Phone: _____

Address: (if not the same as camper) _____

City _____ State: _____ Zip: _____

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Is your child allergic to any medication/food/insect stings? Please list: _____

What type of reaction do they have to the above medication/foods/insects? _____

Will your child have an epi-pen at camp? _____

Will your child have an inhaler at camp? _____

Will your child take any medication daily at camp? _____

Describe any physical or medical restrictions your child has. _____

Do we have permission to administer Tylenol to your child? _____

How does your child react to injury? _____



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HEALTH & WELLNESS RECORDS page 2

Has your child ever attended summer camp before? _____

What camp? _____

How well does your child roller skate? _____

Do you have any specific concerns? Please explain. _____

Please attach a copy of your child's most recent immunizations.

*Any photos or video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial remuneration is available should such a picture or video be used. Initial if you **DO NOT** wish your child's photo to be used throughout the skating center or online. _____*

The health history information provided on this form is correct. My child has permission to engage in all camp activities and be transported to and from the field trips I have selected for him/her. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Director if there is a change in my child's medical information.

Parent Signature: _____

Date: _____



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Camper Emergency Card

Campers will NOT be released to anyone not listed on this card. All names listed below must be as they appear on their photo ID, and must be at least 18 years old. Everyone must show photo identification, including parents. Any changes to this card must be made in person by the parent/guardian who signed the child up. People picking up or dropping off your child may receive notes/messages regarding payments due, any incidents that occurred that day, etc.

Please list below anyone who is authorized to pick up your child from camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____