

## FRANKE AT SEASIDE INTERGENERATIONAL SUMMER CAMP 2010

### REGISTRATION FORM

**Enrollment limited to the first 12 registered campers.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Email: \_\_\_\_\_

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

**Mother/Guardian:** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father/Guardian:** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**THE CAMP IS MONDAY JUNE 21<sup>st</sup> - FRIDAY June 25<sup>th</sup>, 8:00-8:30 AM DROP OFF to 4:00-4:30 PM PICK-UP**

**REGISTRATION:** Full tuition due upon registration.  
**CAMP COST:** \$175 (daily lunch/snack and all supplies included)  
**REFUND POLICY:** Until May 24<sup>th</sup> (\$125). No refunds after May 24<sup>th</sup>

**METHODS OF PAYMENT:**

1. Mail registration and enclose a check made out to: *Franke at Seaside*(see address below)
2. E-Mail registration ([tmendez@frankeatseaside.org](mailto:tmendez@frankeatseaside.org)) and pay by credit card on the following website: [www.frankeatseaside.org/summercamp.html](http://www.frankeatseaside.org/summercamp.html)

**HEALTH INFORMATION/DIETARY RESTRICTIONS/ALLERGIES:** Please list any health concerns, dietary restrictions (peanuts, shellfish, milk) or any allergies. Please list medication(s), when taken, and purpose(s). If your child requires a special emergency kit please bring that to camp on the first day with instructions.

**MEDICAL RELEASE AND SICK POLICY ACKNOWLEDGEMENT:** I give my permission for Franke at Seaside staff to provide first aid for the child named above and to take appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Franke at Seaside, its officers and employees, harmless from claims of losses for any bodily injury or property damage, which occurs or is alleged to have occurred as a result of negligence of child named above. Furthermore, I agree to keep my child at home if he/she has had a fever and/or vomiting during the 24 hour period preceding camp days.

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

**PHOTO RELEASE:** Franke at Seaside has my expressed permission to use any photographs that may include my child in their publication materials or communications without releasing name. **Parent/Guardian Initial :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SWIMMING RELEASE:** My child named above may swim in the shallow pool and in the ocean under qualified supervision. **Parent/Guardian Initial :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OUTING RELEASE:** Franke at Seaside has my expressed permission to transport my child to any outings that may require transportation. **Parent/Guardian Initial :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed registration form and payment to:** Tomas Mendez - Summer Camp Director • 1500 Franke Drive • Mt. Pleasant, SC 29464 375-5008 • [tmendez@frankeatseaside.org](mailto:tmendez@frankeatseaside.org) • [www.frankeatseaside.org](http://www.frankeatseaside.org)