

REGISTRATION FORM - 2012

DISCOVERY DAY CAMP, INC.
P. O. BOX 753
LINCOLNSHIRE IL 60069

847-367-2267
Fax 367-4202

Deposit	\$ _____
Date	____/____/____
Check#	____/____/____ Visa/MC Discover

Child: _____ Nick Name: _____ Phone : _____
 Address: _____ City: _____ State: __ Zip: _____
 Sex: _____ School: _____ Birth date: __/__/____ Grade fall of 2012: _____
 Parents _____ Home Phone _____ Daytime Phone _____ Cell Phone _____ Email Address _____

Emergency List	Relationship	Home Phone	Daytime Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's Physician: _____ Phone _____

Allergies or Medical Condition: _____

Child's friends attending Discovery: _____

**** Please list parent not residing with camper, special concerns on the back****

REGISTRATION DATA (Please check)	Camp Shirt Size	Transportation
_____ Preschool – 1 st grade - 3 days (8 weeks only)	(2 shirts included with tuition)	_____ Bus Service (add'l fee)
_____ Preschool – 2 nd grade - 5 days	_____ 2 – 4	_____ Driving (drop off 8:40- :55)
_____ Senior camp (3 rd thru 6 th grade)	_____ 6 – 8	_____ (pick up 3:15-3:30)
_____ Future Leaders (7 th thru 8 th grade)	_____ 10 - 12	
** Session (please check) **	_____ 14 - 16	Extended Day
_____ 8 Weeks (June 18- August 10) No Camp July 4	_____ Small (adult)	_____ AM and PM (no bus)
_____ 4 Weeks (June 18 - July 13) No Camp July 4	_____ Medium (adult)	_____ AM (starts 7:30 AM)
_____ 4 Weeks (July 16 - August 10)	_____ Large (adult)	_____ PM (ends 6:00 PM)
_____ 2 Weeks _____ Jun 18-29 _____ Jul 2-13	_____ Extra Large (adult)	
_____ _____ Jul 16-27 _____ Jul 30- Aug10		

OPTIONAL PROGRAMS (At additional charge – Choose session) *

- | | |
|--|---|
| _____ Explorer Program (5 th – 6 th grade) Session _____ | _____ Swim Camp (June 11 th – 15 th) |
| _____ Rising Stars Program (4 th – 6 th grade) 8 weeks only | _____ Post Camp (August 13 th – 17 th) |
| _____ Young Artist Program (4 th – 6 th grade) Session _____ | _____ Catered Lunch |
| _____ Equestrian Program (4 th – 6 th grade) Session _____ | |

Please sign and return this form with a check for \$ 500.00 payable to Discovery Day Camp, Inc or complete a charge card payment form.

To qualify for the registration discount, your application and deposit must be received by Nov. 15, 2011 – Fall Discount, February 15, 2012
Winter Discount (see rate card). Tuition must be paid in full by April 15, 2012.

DEPOSIT REFUND POLICY: Full refund to December 31, 2011, less \$100.00 registration fee. January 1, until March 15, 2012 half the deposit. No refunds after March 15, 2012. Notice of withdrawal must be in writing.

TUITION REFUND POLICY: Discovery will refund tuition, less the deposit, until April 1, 2012. After that date refunds will be made only if Discovery is able to fill the withdrawn camper place.

CAMPER INSURANCE: Parents may choose to purchase, for an additional fee, camper insurance that will reimburse families if a child drops camp because of illness or relocation. If I choose not to purchase this insurance I recognize that tuition is not refundable except as what is stated above.

REGISTRATION CHANGES: After January 1, 2012 dropping an optional program or reducing from 8 to 4 weeks will result in a charge of \$100.00 per camper, per change.

LATE CHARGE: Tuition payments after June 1, 2012 are subject to a 1.0% per month, or fraction thereof, late charge.

Discovery Day Camp, Inc. reserves the right to dismiss, without tuition refund, any child whose behavior, in the sole opinion of an executive director is inappropriate in our camp community.

Discovery Day Camp, Inc. reserves the right to assess a transportation surcharge to any camper who resides in an area where the overall camp population is low, or on a street not easily accessible to camp buses.

Discovery Day Camp, Inc. is granted permission to use any individual or group photograph, or video tape, for public relations or advertising purposes, showing my child involved in camp activities.

ASSUMPTION OF RISK: I realize that my child will be participating in a camp program involving physical activities, including a climbing wall, where there is some risk of physical injuries. I accept the risk and that I will be responsible to pay any medical costs for any injuries to my child.

In the event a dispute shall arise between the parties to this agreement, it shall be resolved exclusively by binding arbitration in Lake County, Illinois, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of the state of Illinois.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment for my child. And in the event that I cannot be reached in an emergency, I give permission to the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the above named child.

This form may be photocopied for use out of camp.

Signature of parent: _____ **Date:** _____