

**REGISTRATION FORM - 2010**

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

**847-367-2267**  
**Fax 367-4202**

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

Child: \_\_\_\_\_ Nick Name: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Sex: \_\_\_\_\_ School: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade fall of 2010: \_\_\_\_\_  
 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\*\***

<b>REGISTRATION DATA</b> (Please check)	<b>Camp Shirt Size</b>	<b>Transportation</b>
_____ Preschool __ 3 days (8 weeks only) __ 5 days	(2 shirts included with tuition)	_____ Bus Service (add'l fee)
_____ Kindergarten __ 3 days (8 weeks only) __ 5 days	_____ 2 - 4	_____ Driving (drop off 8:40- :55)
_____ Day camp (Entering 1 <sup>st</sup> thru 2 <sup>nd</sup> grade)	_____ 6 - 8	(pick up 3:15-3:30)
_____ Senior camp (3 <sup>rd</sup> thru 6 <sup>th</sup> grade)	_____ 10 - 12	
_____ Future Leaders ( 7 <sup>th</sup> thru 8 <sup>th</sup> grade)	_____ 14 - 16	
<b>Boys Entering 3<sup>rd</sup> or 4<sup>th</sup> grades</b>	_____ Small (adult)	<u>Extended Day</u>
_____ All Around Program __ Sports Program	_____ Medium (adult)	_____ AM and PM (no bus)
<b>** Session (please check) **</b>	_____ Large (adult)	_____ AM (starts 7:30 AM)
_____ 8 Weeks (June 21- August 13) No Camp July 5	_____ Extra Large (adult)	_____ PM (ends 6:00 PM)
_____ 4 Weeks (June 21 - July 16) No Camp July 5		
_____ 4 Weeks (July 19 - August 13)		

**OPTIONAL PROGRAMS (At additional charge – Choose session) Lunch and Swim Camp**

_____ Explorer Program (5 <sup>th</sup> – 6 <sup>th</sup> grade) Session _____	_____ Swim Camp (June 14 <sup>th</sup> – June 18 <sup>th</sup> )
_____ Rising Stars Program (4 <sup>th</sup> – 6 <sup>th</sup> grade) 8 weeks only	_____ Catered Lunch
_____ Young Artist Program (4 <sup>th</sup> – 6 <sup>th</sup> grade) Session _____	

Please sign and return this form with a deposit of \$ 500.00 payable to Discovery Day Camp, Inc or list credit card information.

To qualify for the registration discount, your application and deposit must be received by Dec. 15, 2009. Tuition must be paid in full by April 15, 2010.

**DEPOSIT REFUND POLICY:** Full refund to December 31, 2009, less \$100.00 registration fee. January 1, until March 15, 2010 half the deposit. No refunds after March 15, 2010. Notice of withdrawal must be in writing.

**TUITION REFUND POLICY:** Discovery will refund tuition, less the deposit, until April 1, 2010. 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, 2010 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, 2010 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.

**Credit Card Policy:** Discovery Day Camp, Inc. accepts Discover Card, MasterCard and Visa. By signing this form, I am authorizing Discovery to charge the listed credit card.

**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:** \_\_\_\_\_