CDS 2019 Summer Camp Registration Form

[summerprogram@capitaldayschool.net](mailto:summerprogram@capitaldayschool.net)

120 Deep Wood Drive, Frankfort KY 40601

Please return this form, along with your non-refundable deposit. The deposit is equal to one full week of camp tuition, and will be applied to the last week your child attends.   Please complete a separate form for each child.

***The weekly payment may not be changed to reflect daily attendance once the Summer Camp contract has been signed; payment is due on Monday of each week of attendance.***

Shortly after submission of this form, you will receive a Summer Program Enrollment Verification and Contract.  Placement is secure once the signed contract has been submitted and accepted. **Once the Summer Program Enrollment Verification and Contract is submitted and accepted, changing dates is not possible.**

Prices:

|  |  |  |
| --- | --- | --- |
| Full Day Camp | 3 to 13 year olds | $170.00 per week / $185 for Park and Pool camps. |
| Full Day Sans Pool Day  (excludes park and pool camps) | 6 to 8 year olds | $140.00 per week |
| Half Day Preschool | 3 to 5 year olds only | $95.00 per week |
| Enrichment Camp | 6 to 13 year olds | $90.00 per week |
| Enrichment Camp plus Half Day Camp | 6 to 13 year olds | $175.00 per week |

Daily drop in rate for all camps is $50 per day.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will attend CDS Summer Camp for the following weeks(s) and/or days:

**Week One: June 3 – 7                        \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

\_\_\_ 3-5 year olds              Welcome to Summer!

\_\_\_ 6-8 year olds             Let’s Explore Nature!

\_\_\_ 9-13 year olds     Park and Pool  I

**Week Two: June 10 – 14                     \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

**full** 3-5 year olds             Look at Those Summer Colors!

\_\_\_ 6-8 year olds             Design It, Build It

\_\_\_ 9-13 year olds    Park and Pool  II

**Week Three: June 17 – 21                      \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

\_\_\_ 3-5 year olds          Books are Cool! Take a Look!

\_\_\_ 6-8 year olds          Become an Author

\_\_\_ 9-13 year olds  Park and Pool III

**Week Four: June 24 – 28                      \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

**Full** 3-5 year olds          Bugs, Bugs, Bugs!

\_\_\_ 6-8 year olds          Puzzle It Out

\_\_\_ 9-13 year oldsHands On Home Ec

***Summer Camp is Closed the Week of July 2 - 6***

**Week Five: July 8 - 12                         \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

\_\_\_ 3-5 year olds          Happy Birthday America!

\_\_\_ 6-8 year olds          What’s On Your Palette?

\_\_\_ 9-13 year olds    Minecraft

**Week Six: July 15 – 19                   \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

**Full** 3-5 year olds         Who’s Turn is It? (Board Games)

\_\_\_ 6-8 year olds         All About Water

\_\_\_ 9-13 year olds  Wacky Games

**Week Seven: July 22 – 26                       \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

\_\_\_ 3-5 year olds         What Do We Do With Our Hands and Feet?

\_\_\_ 6-8 year olds        Right Here, Long Ago

\_\_\_ 9-13 year oldsBeach Ball Frenzy

**Week Eight: July 29 – Aug 2                \_\_M-F *or* \_\_M-Th  *or*  \_\_M \_\_T \_\_W \_\_Th \_\_F**

\_\_\_ 3-5 year olds          Let’s Have A Super End to Summer! (Super Heros)

\_\_\_ 6-8 year olds          Jambo Bonjour, Hafa Adai

\_\_\_ 9-13 year oldsHawaiian Luau Party

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**2019 Capital Day School Summer Camp Student Information Form**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home No.(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home No. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person(s) who have permission to pick up my child:**

|  |  |
| --- | --- |
| Name                           Phone Number | Name                          Phone Number |
| Name                          Phone Number | Name                         Phone Number |

**Person other than parent to contact in case of Emergency:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_

In case of emergency, if the school is unable to reach the above listed people, I grant to the Summer Program Director, Teacher and/or Head of Capital Day School, the power to act as “in loco parentis” and seek medical attention for my child.

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**2018 Capital Day School Preschool Student Activities / Medical Insurance Information**

Preschool students will play in wading pools on the playground and 1st – 8th grade students will walk to the Juniper Hills water park every Friday, weather permitting.

\*If your child is attending Park and Pool camps they will walk to Juniper Hills Park each day.

\*If your child is attending Hands On Home Ec they will walk to Save A Lot each day.

Your child should bring a swimsuit, and towel on pool days.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to take part in pool and park activities during Capital Day Summer Program.

**Please check one:**

\_\_\_\_\_ My child can use the Walmart / No-Ad brand sunscreen supplied by the school.

\_\_\_\_\_ My child must use their own sunscreen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Please list brand.)

I, the undersigned, hereby indemnify and agree to hold Capital Day School, its teachers, employees, trustees, and representatives, harmless from and against all liabilities, claims, expenses, demands and causes of action, including attorneys’ fees and expenses, arising out of, or connected with any injury to a person or damage to property due to attendance of said student at Capital Day School or at any event sponsored by Capital Day School, which injury, damage, claim or liability is not due to the sole negligence of Capital Day, its teachers, employees, Board of Trustees, or representatives.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian                                                      Date

**Medical Insurance Information**

Name of Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Policy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical and/or Special Conditions and Instructions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office No. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_