

# Camp Wing Day Camp Registration 2008

Camp Wing Day Camp ▪ c/o Crossroads for Kids ▪ 119 Myrtle St., Duxbury, MA 02332  
Phone 781-834-2700 ▪ Fax 781-834-2701 ▪ www.crossroads4kids.org/cwdc

**Camper Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M or F Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Please enter the address to which we should mail all confirmation materials and correspondence.  
When camp starts, I will have completed grade \_\_\_\_\_ and after camp, I will start grade \_\_\_\_\_ at \_\_\_\_\_  
School name/Town  
This is my \_\_\_\_\_ summer at CWDC Camper Email Address: \_\_\_\_\_

## Mother/Female Guardian Information

Name Last \_\_\_\_\_ First \_\_\_\_\_ E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Lives in home with child *OR IF NOT:* Complete mailing address \_\_\_\_\_  
Check box if person is **NOT legally allowed** to  pick up child from camp/bus;  visit child at camp

## Father/Male Guardian Information

Name Last \_\_\_\_\_ First \_\_\_\_\_ E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Lives in home with child *OR IF NOT:* Complete mailing address \_\_\_\_\_  
Check box if person is **NOT legally allowed** to  pick up child from camp/bus;  visit child at camp

## Alternate Contact Information

*Please indicate someone we may contact regarding your child should the people named above be unavailable. In the event that the camper must leave camp for any reason, and the parent/guardian cannot pick him/her up, the person listed here would need to do so.*

Name \_\_\_\_\_ Relation \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Pick-Up Authorizations

*Please provide a list of persons, other than parents/guardians and alternate contact listed above, who have permission to pick up your camper at the camp and/or bus. For your child's safety, these are the ONLY people who will be allowed to pick up your child. Space is provided below to list families of campers in the event of carpooling; please attach additional names/numbers as necessary.*

Name	Relationship to Camper	Home Phone	Work Phone	Cell Phone
------	------------------------	------------	------------	------------

My child may also ride home with the following campers:

## Camper Acquaintance Questions Please help our staff get to know your child!

1. Does your child have any allergies or sensitivity:

To foods:  No  Yes \_\_\_\_\_ To insects/nature (bee stings, pollen, etc.)?  No  Yes \_\_\_\_\_

2. Is there any other significant medical information you would like us to know (i.e., asthma, etc.)?  No  Yes

3. Are there any special situations or issues which may affect your child's camp experience (i.e., special needs, learning style, ADHD, separation anxiety, discomfort in a new environment)?  No  Yes

4. We do our best to accommodate, but cannot guarantee, requests for friends to be placed together. Both campers should be the same age or grade. Requests: (1) \_\_\_\_\_ and/or (2) \_\_\_\_\_

5. Any additional information you'd like to share?

**Over for Registration** 

**Registration:** Check off all sessions and programs your child will attend.

↓Camp Program	↓Ages	↓Cost	Session 1	Session 2	Session 3	Session 4
			June 23 – July 3*	July 7–18	July 21 – Aug 1	Aug 4 – 15
<b>Grove</b>	5-6	\$425	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Transportation		\$60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day		\$100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trip		\$25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Children's Museum	Whale Watch	Zoo	Beach
<b>General Camp (Forest, Ocean &amp; Jungle)</b>	7-13	\$425	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Transportation		\$60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day		\$100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trip		\$25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Laser Tag	Whale Watch	Ice Skating	Beach
Overnight (2 <sup>nd</sup> Wednesday)		\$ 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIT's (Leaders In Training)</b>	14-16	\$260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Transportation		\$60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day		\$100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Discounts**

*\*\*These discounts do not apply to the already significantly reduced LIT program rates.*

**\*Session 1 Discount**

We are CLOSED on July 4. A discount of \$25 will be applied to fees for session 1.

**Multiple Two-week Session Discounts\*\* (check only ONE)**

- This camper is attending ALL FOUR 2-week sessions (eight weeks of camp). Credit my camper's account **\$100.**
- This camper is attending any THREE 2-week sessions (six weeks of camp). Credit my camper's account **\$50.**
- This camper is attending any TWO 2-week sessions (four weeks of camp). Credit my camper's account **\$25.**

**Sibling Discount\*\* (5% discount applies those sessions for which both or all children are registered)**

- This camper is the second or third child registered. Credit **5%** of session (& any extended day) fees.

**Free T-Shirt!** Please check size: Youth Sizes  S  M  L  XL Adult Sizes  S  M  L  XL

**Method of Payment for Deposit** A \$100 deposit is required for each session at time of registration.

Enclosed: \$100 x \_\_\_\_\_ sessions. Total Deposit is \$ \_\_\_\_\_.

- Money Order
  - Personal Check
  - Cash (please do not mail)
  - Credit Card (MasterCard or Visa) Number: \_\_\_\_\_
- Exp. Date: \_\_\_\_ / \_\_\_\_

I give permission for my child to attend Camp and participate in all programs, which may include activities off the camp premises. I have studied the fees and schedules and understand the contents thereof. This application is subject to prior registrations. Enclosed is a \$100 deposit for EACH session (this is a part of the fee and not an addition). This is for administrative and processing expenses and is not refundable or transferable under any circumstances. I agree to pay the balance of the fee *at least 60 days* before the camp session begins, knowing that failure to do so may automatically cancel this application. No refund on balance of fees granted except in the case of verified illness. I agree that photos/videos/other media may be taken of my child and may be used for future promotional materials. I also agree that Crossroads for Kids, Inc. will observe all reasonable precautions for the care and protection of my child. I understand that staff selection policies and procedures including confirmation of background checks, and camp health care and discipline policies, are available to parents/guardians at their request. I understand that I may contact the office during business hours at 781-834-2700 to file any grievances. I understand the Director reserves the right to dismiss a camper when in his/her judgment; the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the camp's principles of conduct. By signing this application, I hereby release and hold harmless the Camp, and its directors, officers, employees, agents, and representatives, from any and all damages, claims, injuries, and liabilities, which may arise out of my child's attendance at Camp and out of his/her participation in any activities while in attendance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_