



SUMMER CAMPS



at

CARBONDALE NEW SCHOOL

For Ages PreK(3)-6th grade

(Must be potty trained)

June 5-9 (week 1)

and

June 12-16 (week 2)

Full Day 8:30AM-3:00PM

Or

Half Day 8:30AM-12:00PM

Activities Include:

STEAM Projects Spanish

Art Making Bath Bombs

Hikes in the Arboretum Water Play

Building Music

Crafts Games

Fees:

One week/half day- \$95.00

Bring your own snack and change of clothes

One week/full day- \$150.00

Bring your own snack, lunch, and change of clothes

Camp Participant and Age: _____

Check mark Camp: Week 1 ☐ Week 2 ☐ Both Camps ☐

Check mark Time: Full Day ☐ Half Day ☐

Paid by: Check ☐ Cash ☐ Other ☐-Payment due Friday before camp.

Parent/Guardian name: _____

Health and Emergency Information

THIS FORM IS DUE IN THE OFFICE ON THE FIRST DAY OF ATTENDANCE

Student's Name: _____ **Date of Birth:** ____/____/____

To safely treat your child in an emergency, please list any pertinent medical issues such as allergies, reactions to drugs, or any other conditions:

Please list any dietary restrictions or habits:

Please note: This information will be shared with the staff.

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Email address: _____

Home phone: _____ **Work phone:** _____ **Cell Phone:** _____ **Text? Y/N**

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Email address: _____

Home phone: _____ **Work phone:** _____ **Cell Phone:** _____ **Text? Y/N**

Physician's Name: _____ **Phone Number:** _____

Insurance Company: _____

Group Number: _____ **Policy Number:** _____

Dentist's Name: _____ **Phone Number:** _____

In a medical emergency, the following people may authorize medical care for the child named above:

Name: _____

Address: _____

Email address: _____

Home phone: _____ **Work phone:** _____ **Cell Phone:** _____ **Text? Y/N**

Name: _____

Address: _____

Email address: _____

Home phone: _____ Work phone: _____ Cell Phone: _____ Text? Y/N

Name: _____

Address: _____

Email address: _____

Home phone: _____ Work phone: _____ Cell Phone: _____ Text? Y/N

Permission to pick up my child(ren): In addition to the above, the following are allowed to pick up my child(ren):

Name: _____

Address: _____

Email address: _____

Home phone: _____ Work phone: _____ Cell Phone: _____ Text? Y/N

Name: _____

Address: _____

Email address: _____

Home phone: _____ Work phone: _____ Cell Phone: _____ Text? Y/N

Emergency Treatment Authorization

I request that my child(ren) receive first aid whenever it is deemed necessary. In case of emergency illness or accident involving my child(ren), Carbondale New School is authorized to proceed with emergency procedures. I give my permission for authorized school personnel to transport my child(ren) ***if I cannot be reached*** and to seek other emergency care if our family physician cannot be reached.

Parent/Guardian's Signature _____ **Date** _____

Parent/Guardian's Signature _____ **Date** _____