

CARE CAMP REGISTRATION FORM

TMPM Staff will hold a Care Camp at the **Intermediate School** in conjunction with the intersession program. The program will be provided during intersession from **7:30 a.m. to 6:00 p.m.**

Monday – Thursday

Fee Schedule for CARE Camp (due the Wednesday before CARE Camp starts)

	1 student	2 students	3 students	4 students
4 Day Week	\$100.00	\$175.00	\$250.00	\$325.00
TM Employee Rate (4 days)	\$75.00	\$125.00	\$175.00	\$225.00
Daily rates \$35.00 a day per child				

Free breakfast and lunch will be provided to all students. Students are welcome to bring their own lunch as well.

***** Please check if your student will bring a lunch from home or will be needing a lunch from the cafeteria.**

Lunch from home _____ Lunch from the Cafeteria _____

If you are interested in having your child attend Care Camp during intersession please fill out this form and return it **with money** to your principal or TMPM program supervisor **no later than Wednesday, before the intersession week.**

Child's Name _____ Grade _____ Teacher _____

Name of Parents/Guardian: _____

Home Address _____ City _____ Zip Code _____

Mom's Driver's License _____ Dad's Driver's License _____

Mom's Home Phone # _____ Work # _____ Cell # _____

Dad's Home Phone # _____ Work # _____ Cell # _____

Name and Phone # of friend or relative who will be responsible for your student when you are not available:

(1) _____ Relationship _____ Phone # _____

(2) _____ Relationship _____ Phone # _____

List any special medical conditions: _____

Allergies child has _____

WAIVER CLAIMS: I, as a parent or guardian, hereby give permission for my child to participate in the Tuloso-Midway Intermediate Care Camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the coaches of Tuloso-Midway Care Camp to act for me according to their best judgement in an emergency requiring medical attention. Acknowledge that I will be responsible for any cost (through my family medical insurance or otherwise) incurred due to sickness, and the institution providing facilities.

Signature of Parent or Guardian: _____ Date: _____