

Kids' Summer Camp at The Sundance School

SCHEDULES & FEES: You may choose more than one session	
Camp hours are 9:00AM to 3:00PM	
Session 1: June 16 – June 20	\$ 450
Session 2: June 23 – June 27	\$ 450
TOTAL AMOUNT SUBMITTED WITH APPLICATION: \$ _____	



Child's First Name:		Child's Last Name:	
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:		
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Address & Town:	
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Primary Phone:		This is a <input type="checkbox"/> cell phone or <input type="checkbox"/> home phone (check one)
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Mother's Name:		Father's Name:	
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Mother's Cell Phone:		Father's Cell Phone:	
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Mother's Work Phone:		Father's Work Phone:	
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Mother's Email:		Father's Email:	
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Please let us know if your child has any medical, physical problems, allergies or special needs that should be considered or if you have any special recommendations: _____

If the school fees the services of a physician are required, the following physician is authorized to treat my child.

Name	Phone
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In the event of a medical emergency and you are unable to contact either parent, I hereby give permission for my child to be given medical treatment by the rescue if necessary, and/or any other duly qualified medical personnel. If the school is unable to reach me by phone, the following individuals are authorized to take my child from school and to assume responsibility for my child in the event of an emergency.

Name	Address	Phone	Relationship to child
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Name	Address	Phone	Relationship to child
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