



TALES AND TRAILS



SUMMER CAMP HOSTED BY SIOUX CENTER CHRISTIAN SCHOOL

CAMP REGISTRATION 2023

Please complete one form for each child who will be attending Tales and Trails Summer Camp.
Return the completed registration form to the school office with the registration amount due, as calculated below.

Child's Name: _____ Nickname/Preferred name: _____

Date of Birth: _____ / _____ / _____ Current Grade: _____ School: _____

Address: _____ City/ST: _____ ZIP: _____

Camp weeks (X your session choices for this child)	Half Day 7:30-12:30 \$105	Half Day 12:30-5:30 \$105	Full Day 7:30-5:30 \$190	Rate for this week
June 5-9... Spectacular Sports				
June 12-16... A Knight to Remember				
June 19-23... Sensational Science				
June 26-30... Shark Week				
July 3-7... Patriotic Parade	No camp on Tuesday, July 4			
July 10-14... Fast Week				
July 17-21... Slow Week				
July 24-28... Christmas in July				
July 31-Aug 4... Storybook Characters				
Total camp fees for this child				\$
20% of camp fees due at time of registration If canceling a week, you must give two full weeks notice to receive a refund on that week's camp fee deposit.			Total Camp Fees x 20% =	\$
\$25 non-refundable Tales & Trails Summer Camp registration fee for this child			Plus	\$25
Total due at time of registration			= Total Due at Registration	\$
Camp fee due each week (80% remaining):	Half days balance: \$84	Half days balance: \$84	Full days balance: \$152	Bring payment each Monday

We accept check or cash only. You may write one check for all the children you are registering.

Make checks payable to "Sioux Center Christian School".

Balance for each week is due Monday morning and must be put in the DROP BOX located inside the camp base.

For office use: Registration received on _____ (date/time) by _____ (staff).

CHILD AND FAMILY INFORMATION

Medical Information

Child Name: _____

Food Allergies/Intolerances: _____

Medication Allergies: _____

Other Allergies: _____

Medical Conditions (attention disorders, epilepsy, diabetes, physical limitations, etc): _____

Additional information you would like us to know about your child: _____

Immunizations: Tales & Trails Summer Camp program requires a current copy of immunizations to be kept on file.

I give permission for this program to obtain a copy SCCS has on file. Parent initials _____

Child Safety Information

List who will be picking up child: _____

A text, email or note to Camp staff will suffice if an individual not listed will be picking up your child.

Is this child allowed to walk or ride bike to and from Camp unaccompanied? Yes _____ No _____

Please note that Camp will not provide this supervision. If children are transporting themselves to and from the camp, the program will not take responsibility for any injury the child suffers while not in our care.

Is there anyone who is restricted from seeing or picking up this child? Please list and explain: _____

<p>I attest that the included information is accurate and up to date to the best of my knowledge. In the event of an emergency, I give my permission to the program staff to have my child treated by medical personnel. A staff member in charge shall make reasonable attempts to call me prior to and during emergency medical treatment.</p> <p>I give permission for my child to travel in school vehicles or walk to off-campus sites during camp. I understand that if my child displays unacceptable behavior during camp, it may result in time away from camp. I will not hold SCCS or any SCCS employee liable for any injury.</p>	<p>Signature: _____</p> <p>Printed name: _____</p> <p>Date: _____</p>
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||||| If you are registering multiple children, you may complete the information below on one form and indicate "SAME" on the other forms |||||

Emergency Contacts

Please list two emergency contacts (other than parents/guardian)

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Child's Primary Doctor: _____ Address: _____ Phone: _____

Child's Primary Dentist: _____ Address: _____ Phone: _____

Other medical professionals who may need to be contacted in an emergency

Phone: _____

Family Information

1) Parent/Guardian Name: _____

Address (if different than child): _____ City/ST: _____ ZIP: _____

Mobile Phone: _____ Text: Yes No Home Phone: _____

Place of Employment: _____ Work Phone: _____

Email you check regularly: _____

2) Parent/Guardian Name: _____

Address (if different than child): _____ City/ST: _____ ZIP: _____

Mobile Phone: _____ Text: Yes No Home Phone: _____

Place of Employment: _____ Work Phone: _____

Email you check regularly: _____

