

Timmerman School

Summer Camp Application

Activity Fees: \$100 per Student (Included with application)

Weekly Fees: \$115 Timmerman Students (Enrolled for 2015-2016)
 \$140 Community Student

____ Timmerman Student (Enrolled for 2015-2016)

____ Community Student

Child: (Please Print)

Name: (First) _____ (Last) _____ **Age:** _____

Last Grade Completed: _____ **Birth Date:** ____ / ____ / ____

Parents:

Mother's Name: (First) _____ (Last) _____

Address: _____ **City** _____

Zip code _____ **E-mail** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Father's Name: (First) _____ (Last) _____

Address: _____ **City** _____

Zip code _____ **E-mail** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Alternate Contact: (not Mother or Father)

Name: _____ **Relationship:** _____

Home Phone: _____ **Work or Cell Phone:** _____

Doctor:

Name: _____ **Phone:** _____

In case of emergency, Timmerman School has permission to seek medical attention for my child,
(name of student) _____.

Signature _____ **Date** _____

Hospital Preference _____ (over)

Does your child have any allergies? ____ Yes ____ No

List All: _____

Does your child have any special medical needs? ____ Yes ____ No

List All: _____

All maintenance medications must be signed in at Room 5. Staff will not administer medication without a doctor's orders.

Name of Health / Accident Insurer: _____

Does your child have any dietary restrictions? ____ Yes ____ No

List All: _____

By accepting this contract I understand that space is reserved for my child for 10 weeks the summer of 2015, and that I am responsible for the full 10 weeks payment. The weekly cost is \$115 for Timmerman Students (enrolled for 2015-2016) or \$140 for Community Students. Fees are payable weekly and due whether or not my child attends for the full 10 weeks. I will pay for the 11th and 12th weeks if my child attends.

Parent's Signature: _____ Date: _____

My child _____ has my permission to take part in any activities of Timmerman School Summer Camp. This includes transportation to and from any activity or field trip under supervision of Timmerman School personnel. Children must arrive and depart all field trips on Timmerman approved transportation with Timmerman personnel.

Parent's Signature: _____ Date: _____

Application must accompany payment of Summer Activity Fee. We cannot reserve spaces without the payment of Activity Fee.

Each child must provide the following forms: Immunization (1148 OR 1125), 2900 DSS Health Form and Medical Release Form and follow DHEC infectious diseases exclusion policies.

The following people are authorized to pick-up my child from Timmerman School:

- | Name | Driver's License# & State |
|----------|---------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |