

## **Londonderry School Backyard Summer Camp 2020 Application**

Please print and complete this form for each camper applying. Please deliver or mail the completed form, along with a \$25 non-refundable deposit for each week selected, to: Londonderry School, 1800 Bamberger Road, Harrisburg, 17110, Attn. Susan Kempinski. (Checks are payable to The Londonderry School). Spaces cannot be held without deposits. If the camp week is full, we will contact you to see if you wish to apply it to a different week or have it returned to you.

**Camper's Name:**

**Date of Birth:**

**Grade Entering 9/2020:**

(Campers must be five years old by 6/15/20)

**Allergies:**

**Medical or Behavioral Conditions/Concerns/Restrictions:**

Has your child been suspended from or asked to leave a school for any reason?    Yes    No

**Medications:**

Physician:

Telephone:

Dentist:

Telephone:

Insurance:

Plan I.D. No.:

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**Parent/Guardian 1:**

Name:

Address:

Cell phone:

Home phone:

Work phone:

E-Mail:

**Parent/Guardian 2:**

Name:

Address:

Cell phone:

Home phone:

Work phone:

E-Mail:

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**Local Emergency Contact**

Name:

Relationship:

Cell phone:

Home phone:

Persons permitted to pick up the child other than parents and emergency contact:

1.

2.

3.

**1. Circle day length:**

Full-Day (\$215)                      or                      Half-Day (\$125)

**2. Circle All Camp Weeks Attending:**

Week 1 (June 15) Ocean Wonders

Week 2 (June 22) Space Exploration

Week 3 (June 29) At the Circus

Week 4 (July 6) Globe Treckers

Week 5 (July 13) Farm to Table Cooking

Week 6 (July 20) Paleontology for Beginners

Week 7 (July 27) Spying and Puzzling

Week 8 (Aug. 3) Cooking Around the World

Week 9 (Aug. 10) The Art of Candy

Week 10 (Aug. 17) On Stage

STEM Camp: Rockets (June 22-26) (ages 8 and up) (\$175 half day, 9-1).

**3. Agreements/Release**

I hereby authorize my child to participate in all the Londonderry School Backyard Summer Camp ("Camp") activities.

Unless I file a written request to the contrary with the Camp, I authorize the Londonderry School to use photos and/or videos of my child for Camp publicity purposes.

I understand that Camp weeks may be canceled if enrollment is insufficient and that I will receive a refund of my deposit for any canceled weeks.

In consideration for my child being enrolled in the Camp, I hereby release and discharge the Londonderry School, its agents, employees, volunteers and board from any and all claims for all personal injuries caused by or arising out of my child's enrollment in the Camp.

**Parent/Guardian Signature:**

**Date:**

For Office Use:

Weeks Registered:

Deposit:

Balance Paid First Day of Camp Week:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.