

# Hollin Hall Summer Day Camp @ A Child's Place

## 2017 Registration and Permission Form

1500 Shenandoah Road, Alexandria, Virginia, 22308

Office: (703) 765-8811

Email: acphollinh@aol.com

**\*Office Use**  
**Only\***

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex:  M  F

Juniors \_\_\_\_\_

School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Seniors \_\_\_\_\_

Preferred Shirt Size:  Youth SM  Youth MED  Youth LG  Adult SM  Adult MED  Adult LG

Parents:  Single  Married  Separated  Divorced  Other

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Social Security No: \_\_\_\_\_

### Persons or Agencies Having Legal Custody:

Special Instructions Regarding Child Custody: \_\_\_\_\_

Persons Authorized to Pick Up Child: \_\_\_\_\_

Persons NOT Authorized to Pick Up Child: \_\_\_\_\_

### TWO LOCAL Emergency Contacts (other than parents listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**\*It is at the discretion of the Center Director or Assistant Director as to which camp the camper is assigned. The camper's age, interests and abilities are taken into consideration on an individual base to ensure every child has a safe and enjoyable summer season.**

**Parental Permission: (please initial)**

- Parents hereby give permission for camper to attend all activities and field trips to include swimming. \_\_\_\_\_
- Parents hereby give permission for use of pictures, audio, or videotapes of camper participation in Summer Camp activities for camp publicity purposes. \_\_\_\_\_

**Camp Care Duty:**

The camp shall exercise reasonable care in the supervision and welfare of the camper during the period the camper is in attendance. In a medical emergency, the camp shall attempt to contact the parents as soon as possible, but it shall be free to secure the most available medical assistance consistent with what appears to be in the best interest of the camper at the time of the emergency.

**Health Policy:**

Parent agrees that if the child's temperature rises above 100 degrees or the child shows signs of other communicable illness while at camp, the parent will make every effort to have the child picked up within the hour. The campers go on field trips daily, weather permitting. If your child is too ill to go on the fieldtrip, your child is too ill to be at camp. Parent(s) agrees that they will inform the center within 24 hours or the next business day after, if any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.

**Personal Belongings/Money:**

The Counselors and other staff members of A Child's Place at Hollin Hall are not responsible for loss of money and/or personal belongings brought to the Center by campers. Please make sure that your child understands that he or she is directly responsible. Management strongly requests that you give your camper **no more than \$10 per day**. This helps eliminate lost money.

**Camper Participation:**

If your camper does not wish to participate in the field trip of the day for their camp, it is up to the parent to make alternate arrangements for their child that day. While we would like to accommodate a child who wishes to remain behind at the Center, we do not have the staffing available to do this, as all camp counselors are needed to supervise and chaperone the field trips. Special requests from parents about their child switching camps for a day will be decided in advance on a case-by-case basis with the Center Director or Assistant Director.

**Electronic Devices:**

***Campers are not allowed to bring a cell phone or any other electronic devices, including tablets and lap tops, to camp at any time, except on designated electronics days. If a camper wishes to contact their parent, they may use the ACP office phone or counselor cell phone with permission from the office or summer camp manager.***

**Sunscreen:**

For all outdoor field trips, sunscreen with an appropriate SPF is highly recommended. The Counselors of Hollin Hall Summer Day Camp will only apply sunscreen provided by parents.

**Attendance:** Please place an "X" on the weeks your child WILL BE attending.  
A blank line indicates no attendance.

_____ Week 1 (June 26 – 30)	_____ Week 6 (July 31 – August 4)
_____ Week 2 (July 3 – July 7)**	_____ Week 7 (August 7 – August 11)
_____ Week 3 (July 10 – July 14)	_____ Week 8 (August 14 – August 18)
_____ Week 4 (July 17 – July 21)	_____ Week 9 (August 21 – August 25)
_____ Week 5 (July 24 – July 28)	

\*\*We are closed **Tuesday, July 4<sup>th</sup>**. There is no prorating of fees for that week.

Due to limited space, all schedule changes must be made in writing via email to [acphollinh@aol.com](mailto:acphollinh@aol.com) on or before **Saturday April 15<sup>th</sup>, 2017** or the tuition for the weeks your child is scheduled to attend will be charged to you **in full** *regardless of your child's attendance*. There will be no exceptions to this policy. Your camper may attend additional weeks after the deadline if space is available. These requests are filled on a first come first serve basis. If you have any questions about this policy, please contact the Center Director or Assistant Director.

The Parent(s) of \_\_\_\_\_ submit herewith a **NON-REFUNDABLE REGISTRATION FEE of \$150 for single camper (\$225 for family)** for enrollment in the Hollin Hall Summer Day Camp @ A Child's Place. **Registration and tuition checks are made payable to A Child's Place**. Weekly tuition is due no later than 9:30am on Wednesday the week of attendance.

**I have also read and understand the policies stated in the camp packet and agree to abide by these policies.**

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

- Proof of Identification
- Medical form
- Swim ability form
- Sunscreen form
- Camper agreement form

**How did you find out about Hollin Hall Summer Camp?**

\_\_\_ Internet    \_\_\_ Returning camper    \_\_\_ Newspaper  
\_\_\_ Parent referral (Who?) \_\_\_\_\_  
\_\_\_ Other (please specify) \_\_\_\_\_