Camp Thelma's Intergenerational Care

Summer Camp Registration 2017

Please complete this entire form and return

Whoopsy Daisy Child Care

Summer Camp Registration

1350 NW Canal Blvd. Redmond, Oregon 97756

Summer Programming begins June 19, 2017

Mail-in registration deadline is June 16, 2017.

Children must be enrolled for a two day per week minimum.

Register early to reserve your space. Registrations will be confirmed. In the event the program is full you will be contacted to make another choice or your payment will be returned. A parent handbook along with complete program details will be sent to you upon successful registration

Accepting children ages 3-9. One registration form per child. Form may be copied.

Child Information

(I have selected the weeks and days I want on this same form)

Childs name: _____

(First, Middle, Last)

DOB___/___/___ Age at start of camp_____ Last grade completed_____

First day of attendance this year___/___/___

Address_____

City_____ State_____ Zip_____

Parent/Guardian Name_____

Email Address_____

Home Phone_____Work Phone_____

Cell Phone_____

T-Shirt Information (Size) __S (6-8) __M (10-12) __L (14-16)

How did you hear about us? _____

Payment information

Fee: $35./Day $150/Week

Registration Fee : $25.00 Non-refundable per family

____Check Enclosed

(Circle weeks/days child will attend)		
6/19-6/23	7/24-7/28	6/26-6/30
7/31-8/4	7/3-7/7	8/7-8/11
7/10-7/14	8/14-8/18	7/17-7/21
8/21-8/25		
Select Days:		
Mon___Tues___Wed___Thurs___Fri___		

Parent/Guardian Authorization

I approve this application and certify that the applicant is capable of such an experience. I agree to pay the balance of the program fees 7 days prior to each week. No refunds will be given unless the program is cancelled by the program director or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the program director. By signing this form I certify approval of good health of the child, and in the event that I cannot be reached in an emergency , I authorize Whoopsy Daisy staff to render first aid; give permission to have child sent to St. Charles Emergency to secure proper treatment. Prudent attempts will be made to contact the parent/guardian immediately. I understand that by signing this form, I agree to release Whoopsy Daisy, Thelma's Place or Country Side Living from any liability for the risk of illness, accidents or injury. I give my permission for Whoopsy Daisy staff to apply sunscreen that I supply to my child prior to going outside. I also grant permission for the applicant to participate in all program activities, including off-ground trips by walking or bus. Whoopsy Daisy is not responsible for lost or stolen or damaged personal items. Permission is also given to use any video or photographs that my child may be in for future Whoopsy Daisy, Thelma's Place or Country Side Living promotions. I agree to waive any claims against Whoopsy Daisy and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in Whoopsy Daisy , Thelma's Place or Country Side Living programs.

Sponsored by Whoopsy Daisy Child Care & Thelma's Place