



# SUMMER DAY CAMP CIT REGISTRATION

Learn to be a leader and have fun during your summer break. For previous campers entering 8th grade fall 2017—age 17.

## GENERAL INFORMATION

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F Contact Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Email: \_\_\_\_\_

(please print clearly, we will send regular updates to this address)

In Case of an Emergency, if parent cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please mark the weeks that your child will be attending camp & Latchkey

- |  |  |  |
|--|--|--|
| <input type="radio"/> <u>Week 1 June 19-23</u>     | <input type="radio"/> <u>Week 4 July 10-14</u> | <input type="radio"/> <u>Week 7 July 31-August 4</u> |
| <input type="radio"/> AM Latchkey                  | <input type="radio"/> AM Latchkey              | <input type="radio"/> AM Latchkey                    |
| <input type="radio"/> PM Latchkey                  | <input type="radio"/> PM Latchkey              | <input type="radio"/> PM Latchkey                    |
| <input type="radio"/> <u>Week 2 June 26-30</u>     | <input type="radio"/> <u>Week 5 July 17-21</u> | <input type="radio"/> <u>Week 8 August 7-11</u>      |
| <input type="radio"/> AM Latchkey                  | <input type="radio"/> AM Latchkey              | <input type="radio"/> AM Latchkey                    |
| <input type="radio"/> PM Latchkey                  | <input type="radio"/> PM Latchkey              | <input type="radio"/> PM Latchkey                    |
| <input type="radio"/> <u>Week 3 July 3-7</u>       | <input type="radio"/> <u>Week 6 July 24-28</u> | <input type="radio"/> <u>Week 9 August 14-18</u>     |
| <input type="radio"/> <u>(No camp on July 4th)</u> | <input type="radio"/> AM Latchkey              | <input type="radio"/> AM Latchkey                    |
| <input type="radio"/> AM Latchkey                  | <input type="radio"/> PM Latchkey              | <input type="radio"/> PM Latchkey                    |
| <input type="radio"/> PM Latchkey                  |  |  |

**Refund Policy:** There is a 50% refund on your deposit prior to June 17th and NO re-funds once camp begins.

## Camp \$50/ week + latchkey fees

### AM Latchkey (7am-10am)

\$30 per week due at the beginning of each week

### PM Latchkey(3pm-6pm)

\$30 per week due at the beginning of each week

**Note:** All registration forms must have a 50% deposit included for the number of weeks your child will be attending camp, before being accepted into the program. The remaining 50% is paid prior to the first day your child will attend camp. You must register in person.

## T-SHIRT SIZE

Child Size: Small (6/8) Medium (10/12) Large (14/16)

Adult Size: Small Medium Large Extra-Large Other size \_\_\_\_\_

Please make sure you order the proper size.

**When in doubt, order a larger size!**

Parents will be charged for any additional shirts that need to be ordered due to an error in size.



# SUMMER DAY CAMP REGISTRATION

## RELEASE INFORMATION

\_\_\_\_ **Activity Release:** The above name child has my permission to attend the Summer Programs at The SAL, which is sponsored by The Salvation Army in Royal Oak, MI. They are free to \_\_\_\_\_ participate in all the outlined activities, as well as, all the offsite activities which are provided to the family each week. It is agreed that I do not hold The Salvation Army responsible for negligence on the part of my child during any aspect of the summer program. I understand that my child is \_\_\_\_\_ protected by The Salvation Army's insurance coverage, provided the injury occurs between the regular hours of the program and that The Salvation Army or an outside organization is liable for the negligence.

\_\_\_\_ **Photo Release:** In the event that The SAL would wish to use a photo of my child in a \_\_\_\_\_ publication & websites, my permission is granted.

\_\_\_\_ **Health Release:** In the event that a parent or the emergency contact cannot be reached, The SAL Community Center has my permission to secure emergency medical treatment for the above named child. NON-EMERGENCY treatment is not included in this release.

*Initial the above to which you agree and sign here*

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

## CIT AGREEMENT

I promise to do my best to make good choices while I am a CIT at The SAL. I understand that being a CIT is a privilege and I will do my best to be helpful during my summer. I understand that repeated poor choices may result in my being asked to leave The SAL summer Day camp.

CIT Signature: \_\_\_\_\_

**NEW CITs need to complete the recommendation form. ALL CITs will be interviewed by Melanie prior to acceptance into the program. CITs must have previously attended Day Camp At The SAL.**

**Medication:** \_\_\_\_\_

**Times Taken:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Swim Level:**

**Beginner      Intermediate      Advanced**

**Tell us what age kids you enjoy helping:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any special skills you'd like to share with the camp?**

\_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY

**Deposit Paid Date:** \_\_\_\_\_

**Amnt. Pd.** \_\_\_\_\_

**Receipt #** \_\_\_\_\_

**Latchkey Paid:** \_\_\_\_\_