



Please enroll my child in the Summer Day Camp Program for the times marked with an X:

Week	Dates	AM	PM	Week	Dates	AM	PM	Week	Dates	AM	PM
1	June 14-18	___	___	4*	July 5-9	___	___	7	July 26-30	___	___
2*	June 21-25	___	___	5*	July 12-16	___	___	8	August 2-6	___	___
3*	June 28-July 2	___	___	6*	July 19-23	___	___	9	August 9-13	___	___

* Discovery Unlimited, the summer enrichment program for gifted students, meets in the mornings of these weeks (separate application is required). Day care/day camp programs meet as usual during these weeks.

Please schedule bus transportation (additional cost) _____ to school _____ 11:30 home _____ 5:00 home

Is either parent a full-time employee of Northwestern University or NSUHS? _____ YES _____ NO

My child will participate in Discovery Unlimited. _____ YES _____ NO

Please indicate child's t-shirt size (circle): Child S Child M Child L Adult S Adult M Adult L

Camper's Name _____ Birthdate _____

Parent(s) Name _____ Home Phone _____

Street Address _____ City/Zip _____

Father's Name _____ Mother's Name _____

Father's e-mail _____ Mother's e-mail _____

Father's cell phone _____ Mother's cell phone _____

Work Phone _____ Work Phone _____

Occupation/Position _____ Occupation/Position _____

Name of school child currently attends _____

Address of school _____

City/Zip _____ Grade in Fall '10 _____

In case we cannot locate either parent in an emergency, please provide the following information:

Emergency Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Pediatrician's Name _____ Phone _____

IF YOUR CHILD IS A NEW CAMPER, YOU MUST PROVIDE A COPY OF HIS/HER CURRENT IMMUNIZATION RECORD BY THE FIRST DAY OF CAMP.

Does your child have any allergies? If YES, please specify below. _____ YES _____ NO

Does your child have any physical problems which we should be aware of? If YES, please specify below. _____ YES _____ NO

Will you allow the School to administer children's Tylenol if your child should need it? _____ YES _____ NO

Does your child use an inhaler? _____ YES _____ NO
Please provide the inhaler on the first day of camp along with a note from your child's doctor.

Does your child require any daily medicine(s) during camp? _____ YES _____ NO
Please provide a note from your child's doctor regarding use of the medicine.

Please describe the following in detail:

ALLERGIES (to foods, medications, environmental):

MEDICATIONS: (taken before, during and after camp):

PHYSICAL PROBLEMS:

DIETARY RESTRICTIONS:

LIST THE NAME, ADDRESS, AND PHONE NUMBER FOR EACH PERSON OTHER THAN PARENTS WHO MAY PICK UP YOUR CHILD FROM CAMP.

<u>Name</u>	<u>Address & City</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

I give permission for each of the following: (please cross out those you disapprove of)

1. My child may participate in all supervised Roycemore School field trips for which the School considers him/her qualified;
2. In case of emergency at or away from Roycemore School, School personnel may take my child to the emergency room of the nearest hospital;
3. Photographs of my child picturing him/her as a Roycemore summer student may be used in connection with the School's public relations program in the public media or in-school prepared materials;
4. My child may participate in swimming lessons at the McGaw YMCA pool and in supervised gym activities.

A \$100 NON-REFUNDABLE DEPOSIT MUST ACCOMPANY THIS FORM TO OFFICIALLY REGISTER YOUR CHILD IN THE ROYCEMORE DAY CAMP PROGRAM.

_____ **Date**

_____ **Signature of Parent or Guardian**