



640 Lincoln Street ■ Evanston, IL 60201  
847-866-6055 ■ 847-866-6545 fax

## Reservation Form 2008

www.roycemoreschool.org

*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 9-13	___	___	4*	June 30-July 3	___	___	7	July 21-25	___	___
2*	June 16-20	___	___	5*	July 7-11	___	___	8	July 28-August 1	___	___
3*	June 23-27	___	___	6*	July 14-18	___	___	9	August 4-8	___	___

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

Please schedule bus transportation \_\_\_\_\_ to school \_\_\_\_\_ 11:30 home \_\_\_\_\_ 5:00 home

Is either parent a full-time employee of Northwestern University or ENH? \_\_\_\_\_ 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

I am interested in purchasing a second t-shirt for my camper. \_\_\_\_\_ YES \_\_\_\_\_ NO

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's e-mail (opt.) \_\_\_\_\_ Mother's e-mail (opt.) \_\_\_\_\_

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 '08 \_\_\_\_\_

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

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**YOU MUST PROVIDE A COPY OF YOUR CHILD'S 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 &amp; 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.

**YOUR CHILD WILL NOT BE REGISTERED IN THE CAMP PROGRAM UNTIL ROYCEMORE RECEIVES A ONE WEEK DEPOSIT. PLEASE SPECIFY THE AMOUNT \$ \_\_\_\_\_ ENCLOSED.**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Parent or Guardian**