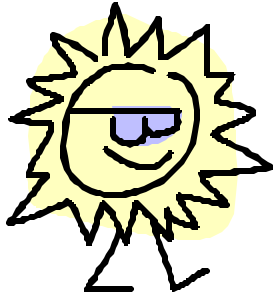




Kindergarten - 6th Grade
Campers


Welcome to our Summer Program!



It is VERY IMPORTANT
that all forms are filled out
COMPLETELY!

**Please note that registrations will only be
accepted when ALL requirements are met.*

REGISTRATION REQUIREMENTS:

- **CAMP REGISTRATION FORM:**  *BE SURE TO READ THE NEW REGISTRATION & PAYMENT POLICIES!*
 - Please fill-in all that applies, and read the Terms of Registration thoroughly.
 - Remember to sign the back page.

- **EMERGENCY INFORMATION and IMMUNIZATION FORM** - The State of Arizona requires that this form be filled out COMPLETELY!
 - **YOU MUST...**
 - have signatures of **BOTH** parents/guardians.
 - write **FULL ADDRESS** and **PHONE NUMBER** of doctor.
 - choose a hospital and include **FULL ADDRESS** and **PHONE NUMBER**. (See partial list below)
 - list **at least 2 ADDITIONAL EMERGENCY CONTACTS WITH THEIR FULL ADDRESS AND PHONE NUMBER.**

- **ALSO REQUIRED TO COMPLETE REGISTRATION:**
 - Copy of Current **IMMUNIZATION RECORD**
 - **REGISTRATION FEE** of \$30 for one child or \$50 per family and **TUITION PAYMENT FOR 1ST WEEK.**

***COMPLETED REGISTRATIONS MAY BE DROPPED-OFF AT THE T.C.D.S. OFFICE,
OR MAILED TO: Camp Adventure, 9239 E. Wrightstown Rd., Tucson, AZ 85715**

PHONE: 520-296-0883

LOCAL HOSPITALS:

Tucson Medical Center
5301 E. Grant Rd.
Tucson, AZ 85712
520-327-5461

St. Joseph's Hospital
350 N. Wilmot Rd.
Tucson, AZ 85711
520-873-3000

University Medical Center
1501 N. Campbell Ave.
Tucson, AZ 85724
520-694-0111



TERMS OF REGISTRATION:

Please keep for your records

TUITION *NEW POLICY: In order to reserve your space, **Camp fees are due by 4 pm on the Wednesday prior to the week camper is planning to attend.** Children will not be allowed to attend if there is a balance owing. We gladly accept Visa & MasterCard for tuition.

TUITION EXPRESS: Ask us about our convenient payment program which camp fees are automatically withdrawn from your checking, savings or credit card account. Families utilizing Tuition Express must note that **billing is run on the Friday prior** to the week the camper is "planning to attend". To avoid unnecessary charges, cancellations must be received in writing by the Thursday prior to the week the camper is planning to attend.

CHANGE IN SCHEDULE ~ CANCELLATIONS ~ WITHDRAWAL FROM PROGRAM: To be eligible for a refund, not including the registration fee, cancellations must be made in writing by the Thursday prior to the week you are planning to attend. You will be required to pay all fees for the week you are currently registered for if notice is received after Thursday or if Camper is a "no-show".

VACATIONS / ILLNESS: There are NO credits, adjustments or pro-rating for single or partial day absences. If your child is absent due to illness or vacation, full tuition is due for the time your child is not in attendance.

HOLIDAYS: Tuition for the week of Independence Day (July 4th) will be pro-rated for a four day week. No other adjustments will be made in tuition for any reason.

LATE PICK-UP: Campers who are not registered in the After Care program and are picked up after 3:30 p.m., will be placed in the fee based program and parent/guardian will be responsible for paying the after care fee. If your child remains past the 6:00 p.m., an additional fee of \$20.00 per fifteen (15) minutes or any portion of a fifteen (15) minute period will be charged. If there are multiple children, the fee will be assessed to each child. Habitual late pick-ups may result in removal from program with out refund.

SPECIAL PROGRAMS FEES: Field trips and optional programs may be offered. Most of these programs require fees in addition to regular tuition. Those fees are payable by the first day of the program.

Daily Sign-In/Sign-Out: Your child(ren) must be signed in and out with a **1st initial and complete last name** by those persons 18 years of age or older, and whose names appear on the Emergency Contact Sheet. You must advise the Director or other designated person in charge, in writing, if any other person other than those listed is to pick up your child. Camp Adventure employees will require proof of identification from any caller or any person arriving to pick up your child. A telephone authorization shall be confirmed with the custodial parent at a previously designated phone number.

TRANSPORTATION: Parents are responsible for providing transportation to and from Camp Adventure. Transportation is provided for authorized field trips.

Discipline: Teaching children to respect others and be responsible for their actions are essential ingredients in our philosophy. We aim to create an environment that provides children an opportunity to grow and have fun with age appropriate activities set within consistent limits. Choices, redirection, positive reinforcement and logical consequences including time-out and parent conferences are ways we strive to help children grow and learn within our limits.

PUBLICATIONS RELEASE: CAMP ADVENTURE may use photographs, reproductions and/or any sound recordings of my child. Such use would be limited to advertising and publicity for purposes of promoting the program.

MEDICATION: CAMP ADVENTURE may NOT administer over-the-counter drugs. A designated employee may administer properly labeled prescription medications if authorized in the required format on a daily basis. The school administrators or Health Clerk may apply first aid, secure medical aid and/or ambulance service in case the parent or guardian cannot be reached.

ILLNESS: Your child will be sent home if he/she has a fever, is vomiting or has diarrhea. The child needs to be picked up by an authorized adult as soon as possible in the event of the above symptoms. Your child needs to be symptom free for twenty-four (24) hours before he/she may return to school. If your child has been exposed to a contagious disease, you must notify the camp director or Health Clerk.

FIELD TRIPS: Supervised field trips may be scheduled to local areas of interest. Your signature below authorizes Camp Adventure to take your child on all field trips. In addition, you will be responsible to sign an authorization form on the day of the field trip.

SPECIAL NEEDS CHILDREN: If your child has any special needs, please set up an appointment with the camp director. Your child will be enrolled once it is determined that CAMP ADVENTURE can fully meet his/her needs.

SWIMMING: Your signature authorizes your child to swim at CAMP ADVENTURE throughout the school year and summer camp.

If we determine that we are unable to provide the services to meet the needs of your child without jeopardizing the quality of care provided to other children, you may be asked to withdraw your child.

Your signature on your child's registration form indicates that you have read, understand and agree to the terms of this agreement. Failure to comply with the terms of this agreement constitutes a material breach and is grounds for termination of service at the option of Tucson Country Day School/Camp Adventure. Your signature certifies that the information provided is accurate to the best of your knowledge. This agreement constitutes the full and final understanding of the parties.




2009 CAMP REGISTRATION

~ Campers entering Kindergarten through 6th Grades ~

Child's Last Name _____ First Name _____ MI _____ Male / Female _____
 Circle one Date of Birth _____ Grade in 2009/2010 _____

Name of school attending next school year _____ Are your returning? If No, how did you hear about Camp Adventure? _____

PLEASE CHECK <input type="checkbox"/> ALL SESSIONS CAMPER IS PLANNING TO ATTEND 		PLEASE CHECK ALL THAT APPLY					WEEKLY TOTAL
		FULL DAY 8 AM to 3:30 PM * \$100/session <i>*Special Rate for TCDS & Academy of Tucson Students</i> * \$90/session <i>*Cost does NOT include Before Care</i>	BY PRE-ARRANGEMENT ONLY!		BEFORE CARE 6:30 AM to 8 AM *Additional \$10 per session	AFTER CARE 3:30 PM to 6 PM *Additional \$15 per session	
			HALF-DAY MORNING 8 AM to 12 noon * \$60/session <i>*Special Rate for TCDS & Academy of Tucson Students</i> * \$50/session <i>*Cost does NOT include Before Care</i>	HALF-DAY AFTERNOON 11:30 AM to 3:30 PM * \$60/session <i>*Special Rate for TCDS & Academy of Tucson Students</i> * \$50/session <i>*Cost does NOT include After Care</i>			
1 - June 1-5							
2 - June 8-12							
3 - June 15-19							
4 - June 22-26							
5 - June 29-July 2* <i>*Camp closed on 7/3</i>	<i>(4 days - \$80 Non-TCDS/\$72 TCDS & AoT)</i>	<i>(4 days - \$48 Non-TCDS/\$40 TCDS & AoT)</i>	<i>(4 days - \$48 Non-TCDS/\$40 TCDS & AoT)</i>	<i>(4 days - \$8 All Campers)</i>	<i>(4 days - \$12 All Campers)</i>		
6 - July 6-10							
7 - July 13-17							
8 - July 20-24							

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ONE-TIME, NON-REFUNDABLE REGISTRATION FEE

One child
\$30.00
Family
\$50.00

TOTAL PAID AT REGISTRATION:

CK#: _____

CA#: _____

CC: _____

TE: _____

**Make checks payable to "TCDS"*



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Your signature below indicates that you have read, understand and agree to the terms of this agreement. Failure to comply with the terms of this agreement constitutes a material breach and is grounds for termination of service at the option of Tucson Country Day School. Your signature certifies that the information provided is accurate to the best of your knowledge. This agreement constitutes the full and final understanding of the parties.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Day Phone: _____

Email Address: _____

Emergency Information and Immunization Record Card

Child's Name: _____ Date Enrolled: _____ Updated: _____
Home Address: _____ Date Disenrolled: _____
Street City State Zip
Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

Father or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company _____
(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name Signature Date: _____

Immunization Information

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 – 3 months	#1	#1	#1				
4 – 5 months	#2	#2	#2	#2			
6 – 11 months	#3		#2 - #3 ¹				
12 – 14 months		#3	#1 - #4 ²	#3		#1	#1
15 – 59 months	#4						
24 – 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY /YR

Updated immunizations received and attached

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY/ YR

_____/_____/_____
MO /DAY /YR

Medical Information

Is child allergic to food or other substances? No Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? No Yes _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)