

## Summer Specialty Camp Registration Form

Please use this form to register for all BCD Summer Specialty Camps – unless other registration information is noted in the course description.

If registering for multiple specialty camps, please complete one form per child, per camp.

Attach a separate check for each camp. Make all checks payable to BCD unless otherwise noted in Summer Specialty Camp course description.

Please return this form to Ruth Balster at the front desk of the administration building by Monday, March 1, 2010. \*

\* Please note that after March 1, 2010 BCD specialty camp registration will also be opened to the general public.  
 \*\* BCD requires a \$25.00 administrative fee (one fee per family – not child) for Summer Specialty Camp registration. Please include a separate check for the administrative fee. This fee is non-refundable.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Register for: \_\_\_\_\_

Register for music classes offered through Parlando School for the Arts at [www.parlando.org](http://www.parlando.org).

Amount enclosed\*\* : \_\_\_\_\_ Please attach a separate for each class and make all checks payable to Boulder Country Day School – unless otherwise noted in the specialty camp description.

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

Parent Contact Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

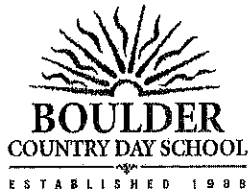
Emergency Contact Phone: \_\_\_\_\_

Before or after a Specialty Camp:

My student will attend the Preschool or School Age Day Camp:

(Please check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

For Administrative Use
Date returned _____
Time _____
Check # _____
Amount _____
Summer Registration Administrative Fee – one per family
Check # _____



Student's Last Name: \_\_\_\_\_

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

Parent's Names: \_\_\_\_\_

## SUMMER PROGRAM EMERGENCY CONTACT INFORMATION

Student's First Name	Student's Date of Birth	Student's Grade
Student's First Name	Student's Date of Birth	Student's Grade
Student's First Name	Student's Date of Birth	Student's Grade
Student's First Name	Student's Date of Birth	Student's Grade

### Name of Medical Personnel to be Contacted in Case of Emergency:

Physician Name		Telephone Number (including area code)	
Street Address	City	ZIP Code	
Medical Insurance Company	Policy Number	Member Name	
Dentist Name		Telephone Number (including area code)	
Street Address	City	ZIP Code	
Dental Insurance Company	Policy Number	Member Name	

### Local Emergency Contacts (Friends, Neighbors) Who Have Permission to Pick up My Child: (please provide at least 2 names)

Name		Telephone Number (including area code)	
Address	City	ZIP Code	
Name		Telephone Number (including area code)	
Address	City	ZIP Code	

### Authorization

In the event of an emergency and if all effort to reach me have been unsuccessful, I give my authorization for my child, to be taken to \_\_\_\_\_ (hospital of choice) or the nearest Emergency Room and to be treated there by my doctor or his/her substitute. I understand that this authorization will accompany my child and that efforts will continue to be made to reach me. I further agree to assume the financial obligation incurred for such care.

Signature (Parent or Guardian)		Date
Home Telephone Number (including area code)	Father Cell Phone Number (including area code)	Father Work Telephone Number (including area code)
Other Telephone Number (including area code)	Mother Cell Phone Number (including area code)	Mother Work Telephone Number (including area code)



Students' Last Name: \_\_\_\_\_

## Boulder Country Day Student Permission Form – Summer 2010

**Only one form per family please.**

Student's First Name \_\_\_\_\_ Grade/age \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade/age \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade/age \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade/age \_\_\_\_\_

(Please check one)

Yes   No

I give permission for my child to **attend field trips** as part of Boulder Country Day School's Summer Day Camp. Parents will also be given a separate permission form for each field trip.

I give permission for Boulder Country Day to apply Coppertone Water Babies **sun block** lotion, SPF 30 or higher, when necessary. (*Preschool only*)

We give permission and full consent to Boulder Country Day (BCD), its employees and representatives, to use all photographs, videotape and digital images of my/our child/children, which were taken while enrolled as a student in any and all programs associated with BCD. I/We understand these images may be used in printed or electronic format for the purposes of marketing and/or advertising through print ads, direct mail, brochures, website or other electronic communications. All negatives, positives, prints, digital reproductions and videotape shall be the property of BCD. Continued use of any photograph of my/our child/children does not constitute an agreement to continue our child/children's enrollment at BCD.

Signature:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Please print)

\_\_\_\_\_  
Phone Number