

CAMP REGISTRATION FORM

CHILD'S NAME _____

AGE _____ GRADE ENTERING _____ GENDER _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____ CELL _____

EMAIL ADDRESSES* _____

*MOST CAMP COMMUNICATION WILL BE VIA EMAIL

LITTLE LYNX

BOYS AND GIRLS AGES 3-6

WHAT WEEKS? (PLEASE CIRCLE BELOW)

6/14 6/21 6/28 7/5 7/12 7/19 7/26 8/2 8/9 8/16

LACROSSE CAMP

GIRLS AGES 8-15

WEEK OF 6/14

DIGITAL MOVIE CAMP

BOYS AND GIRLS AGES 11-16

WEEK OF 6/14

ACTING CAMP

BOYS AND GIRLS AGES 7-12

WHAT WEEKS? (PLEASE CIRCLE BELOW)

6/14 6/21

ARABIC CAMP

BOYS AND GIRLS AGES 8-15

WEEK OF 6/21

LEGO MANIA & MOTION

BOYS AND GIRLS ENTERING GRADES 2-5

WEEK OF 6/14

BABYSITTING CAMP ONE

BOYS AND GIRLS AGES 9-14

WEEK OF 6/14

BABYSITTING CAMP TWO

BOYS AND GIRLS AGES 11-14

WEEK OF 6/21

WRITING CAMP

GIRLS AGES 8-14

WEEK OF 6/15

TENNIS CAMP

BOYS AND GIRLS AGES 5-14

WHAT WEEKS? (PLEASE CIRCLE BELOW)

6/14 HALF DAY (9 A.M. - 12 NOON) FULL DAY

6/21 HALF DAY (9 A.M. - 12 NOON) FULL DAY

6/28 HALF DAY (9 A.M. - 12 NOON) FULL DAY

I'M INTERESTED IN EXTENDED HOURS: PICKUP AFTER 3:30 P.M.

CHECK AMOUNT: \$ _____

50% DUE BY MAY 1, 2010 WITH REGISTRATION FORM, REMAINING 50% DUE BY JUNE 1ST.

PLEASE MAIL FORM AND PAYMENT IN AN ENVELOPE ADDRESSED TO:

LINCOLN SCHOOL, 301 BUTLER AVENUE, PROVIDENCE, RI 02906

THIS FORM MUST BE RECEIVED BY MAY 1, 2010 TO GUARANTEE ENROLLMENT.

CALL 401-331-9696 WITH QUESTIONS.

CAMP MEDICAL FORM

(MUST BE RETURNED DIRECTLY TO THE ATTENTION OF THE LINCOLN SCHOOL NURSE)

STUDENT'S NAME: _____ HOME PHONE _____

STUDENT'S ADDRESS _____

MOTHER'S NAME _____

PHONE(WORK) _____ CELL _____

FATHER'S NAME _____

PHONE(WORK) _____ CELL _____

PARENT ADDRESS IF DIFFERENT FROM STUDENT: _____

ALTERNATE PERSON TO NOTIFY IN AN EMERGENCY: _____

PHONE _____

MY CHILD _____ IS ABLE TO PARTICIPATE IN ALL CAMP ACTIVITIES AND TRIPS. IT IS MY UNDERSTANDING THAT EVERY EFFORT WOULD BE MADE TO CONTACT ME IN THE EVENT OF AN EMERGENCY. HOWEVER, IF EMERGENCY TREATMENT IS REQUIRED, THE CAMP LEADERS MAY USE THEIR OWN JUDGEMENT IN SENDING MY CHILD TO THE HOSPITAL OR DOCTOR MOST ACCESSIBLE BEFORE PARENTS ARE REACHED. SHOULD IT BECOME NECESSARY TO PROVIDE EMERGENCY MEDICAL TREATMENT FOR MY CHILD, I GIVE PERMISSION TO THE HOSPITAL/DOCTOR TO BEGIN TREATMENT. I ACKNOWLEDGE THAT MY CHILD IS COVERED BY SUCH ACCIDENT AND/OR SICKNESS INSURANCE AS I CONSIDER SUFFICIENT. SHOULD IT BE NECESSARY TO INCUR ADDITIONAL EXPENSES, I WILL REIMBURSE THE SCHOOL FOR SUCH EXPENSES.

PARENT/GUARDIAN SIGNATURE/DATE _____

INSURANCE PROVIDER: _____

NUMBER _____

STUDENT'S AGE _____ DATE OF BIRTH _____

FAMILY PHYSICIAN _____

PHONE _____

DESCRIPTION OF ANY PHYSICAL CONCERNS: _____

SHOULD ACTIVITIES BE RESTRICTED IN ANY WAY? _____

IS THE STUDENT RECEIVING MEDICATION OR CONTINUING MEDICAL SUPERVISION? _____

DOES THE STUDENT HAVE ASTHMA? Yes _____ No _____

IF YES, DOES SHE HAVE AN INHALER? _____

IS STUDENT KNOWN TO BE ALLERGIC TO INSECT BITES, FOOD, SPECIFIC MEDICATIONS,
ETC... (PLEASE SPECIFY) _____

DOES STUDENT CARRY AN EPI-PEN? _____ MOST RECENT TETANUS BOOSTER _____

IF STUDENT MUST TAKE MEDICATION DURING CAMP HOURS, PLEASE COMPLETE THE FOLLOWING:

NAME OF MEDICATION	FORM (TABLET, CAPSULE)	DOSE TO BE TAKEN APPROX. TIME OF DAY

ALL MEDICATIONS MUST BE STORED IN ORIGINAL BOTTLE AND GIVEN TO CAMP DIRECTOR.