



The Renaissance Summer Enrichment Academy - 2012

PO Box 339
Shelburne, Vermont 05482
Phone 985-2153
Fax 985-5643

Application and Release Form

Child's Full Name: _____

Does your child prefer to be called by another name?: _____

Street: _____ Apartment #: _____

Town: _____ State: _____ Zip Code: _____

Home Telephone: _____ Date of Birth: _____ T-Shirt Size: YS YM YL

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Cell: _____	Work Phone: _____ Cell: _____

Please Select Desired Sessions

<p>Week 1 June 25 – June 29</p> <p>___ The Farm Through a Lens</p> <p>___ Willy Wonka</p>	<p>Week 2 July 9 – 13</p> <p>___ O' Pioneer</p> <p>___ The Wonders of Water</p>
<p>Week 3 July 16 – 20</p> <p>___ Nature Detectives</p>	<p>Week 4 July 23 – 27</p> <p>___ Beautiful Biomes</p> <p>___ The Nature of Art</p>

Will you be needing Early Care (8:00-8:30): Yes No

Will you be needing Late Care (3:30-4:00): Yes No

-Please Fill Out Other Side-

Emergency Contact Person (if parent can not be reached: **must be available locally**)

Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Date of last immunization for tetanus: _____ Are immunizations current? _____

Is your child currently on any medications? _____ If so please indicate: _____

If your child has any allergies or special dietary or medical needs, please describe: _____

I give consent for my child to take part in field trips and/or excursions under proper supervision with the understanding that these field trips may include swimming and/or water play.

I have received, read and understand the information contained in the Summer Enrichment Academy brochure.

I understand Heartworks, inc. is not liable for any lost or stolen items my child brings to camp.

I give consent for my child to receive the following as needed (please circle):

Benadryl Tylenol Sunscreen Insect Repellant

I authorize the Summer Enrichment Academy staff to transport my child and seek emergency medical care in the event that my child becomes ill or injured.

I give permission for pictures of my child to be used in promotional materials, both hard copy and on the internet, for the Summer Enrichment Academy. No names or personal information will be used.

I understand that a 60-day notice is required to withdraw and that my deposit and all other payments are non-refundable within 60 days of the start of camp. Withdrawals prior to the 60-day period are subject to a \$100.00 handling fee.

SIGNATURES (Both Parents/Guardians Must Sign)

Parent/Guardian #1

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Parent/Guardian #2

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY Date Accepted _____ Deposit Paid _____ Check Number _____