

Summer 2008 Kid Camp Registration

Neighborhood Schoolhouse • 1227 16th Street • Port Townsend, WA 98368 • 360.379.9070

email: info at: <http://ptnsh.com/contact.html>

Jefferson County Parks and Recreation • Port Townsend, WA 98368 • 360.385.2221 • countyrec.com

Child's Name						
Date of Birth/age						
Special Interests						
Food Allergies – EM Plan? Y N Special diet: Y N						
Concerns/Needs (med, phys, behavior) Individual Care Plan Needed? YES NO						
Medication or Other Allergies						
Physician & Contact Info						
Dentist & Contact Info						
Insurance # and Ins. Contact #						
Parents/Guardian Name						
Email address:						
Mailing address:						
Phone #1:						
Phone #2						
Parent/Emergency Contact Name						
Email address:						
Mailing address:						
Phone #1:						
Phone #2						
JULY 21 – AUGUST 15, 2008						
Total amount due: <hr style="width: 50%; margin-left: 0;"/> Cash Check DSHS PRE-approved	WEEK 1	M 7/21	T 7/22	W 7/23	th 7/24	F 7/25
	WEEK 2	M 7/28	T 7/29	W 7/30	th 7/31	F 8/1
	WEEK 3	M 8/4	T 8/5	W 8/6	th 8/7	F 8/8
	WEEK 4	M 8/11	T 8/12	W 8/13	th 8/14	F 8/15
SCHEDULE: 9:00–4:30 two snacks provided 7:00–5:30 extended care and a <u>great</u> breakfast			RATES: Weekly Rate \$180.00 + Extended Hours = \$200.00 Daily Rate \$ 40.00 + Extended Hours = \$ 44.00 Multiple child 5% discount (each child beyond 1st) Checks payable to: Neighborhood Schoolhouse by July 6th			

Emergency Medical Care Authorization

In the event of a medical emergency, Neighborhood Schoolhouse will make every effort to reach the person(s) designated as an emergency contact before using the authorization below. To prevent dangerous delay in the event of an extreme emergency, I hereby authorize the Neighborhood Schoolhouse director, staff or appropriate authority, to secure whatever medical treatment is deemed necessary for my child.

Parent Signature and date: