

Preschool Camp at MP&MS - Registration Form – Marin Primary & Middle School

CAMPER INFORMATION:

Child 1 _____ Birthdate _____ Age in June 2010 _____ School _____
 Hair Color _____ Eye Color _____ T-shirt size XS(2-4) S(6-8) M(10-12) L(14-16) Returning Camper? Yes No Child Has: Inhaler Epi-Pen Insulin
Child 2 _____ Birthdate _____ Age in June 2010 _____ School _____
 Hair Color _____ Eye Color _____ T-shirt size XS(2-4) S(6-8) M(10-12) L(14-16) Returning Camper? Yes No Child Has: Inhaler Epi-Pen Insulin

PARENT INFORMATION:

Parent 1 _____ Relationship to Child(ren) _____ Home Phone _____
 Cell Phone _____ Work Phone _____ Occupation & Employer _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Change Your Default 10-Digit Pin #?* (optional) (_____) _____ - _____
 (confirmations & camp updates are sent via email) (default check-in/out pin # is your cell phone)

Parent 2 _____ Relationship to Child(ren) _____ Home Phone _____
 Cell Phone _____ Work Phone _____ Occupation & Employer _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Change Your Default 10-Digit Pin #?* (optional) (_____) _____ - _____

* Pin # (all numbers, no letters) will be needed to access our automated check in / out software system. By default, pin #'s will be your cell phone number, with area code. You can change your pin # at any time.

EMERGENCY CONTACT: (other than parents, who we would always contact first)

Name _____ Relationship to Child(ren) _____ Home Phone _____
 Cell Phone _____ Work Phone _____

AUTHORIZED PICK UP PEOPLE: (other than parents and emergency contact, all of whom are allowed to pick up anytime)

Name 1 _____ Cell Phone _____ **Name 2** _____ Cell Phone _____
Name 3 _____ Cell Phone _____ **Name 4** _____ Cell Phone _____

MEDICAL INFORMATION:

Health Insurance Company _____ Policy No.(s) _____
 Doctor _____ Phone _____ Dentist _____ Phone _____
 Please list all allergies, dietary restrictions, and medications used for each child. You may also use this to write notes to the camp staff.
 Are You A Current MP&MS Student? Yes No (If not, please download a Medical Form from www.mpmcamps.org/register and mail it to us (required))

REGISTER: CHOOSE ANY # OF WEEKS (FULL OR HALF-DAY) OR REGISTER FOR THE WHOLE SUMMER

Children ages 2 years, 3 months (by June 1) to ages 4 years, 6 months are welcome to join us. For your convenience, we offer both full-day (8:45am – 3:30pm) and half-day (8:45am – 12:30pm) registration options. We also offer the option to purchase specific drop-in days. Extended-Hours are available from 7:30am 8:45am (no additional cost) and 3:30 – 6:00pm (\$50/week or \$15/day). If you prefer to come just a couple days a week, please reserve specific drop-in days (below) and come anytime between 7:30am – 6:00pm (you're guaranteed a space).

Preschool Camp Will Be Offered These Weeks	Select Which Option (Half-Day or Full-Day) You Would Like To Register For	Cost Per Week		Discounted Cost If Registered By May 1		Do You Need Extended-Hours?
		Full Day	Half Day	Full Day	Half Day	
Week 1: June 21 – June 25	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week
Week 2: June 28 – July 2	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week
Week 3: July 5 – July 9	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week
Week 4: July 12 – July 16	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week
Week 5: July 19 – July 23	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week
Week 6: July 26 – July 30	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week
Week 7: Aug 2 – Aug 6	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week
Week 8: Aug 9 – Aug 13	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	\$350	\$250	\$300	\$225	<input type="checkbox"/> +\$50 per week

Whole Summer!

We love working with children and would love to have yours join us for the whole summer. New this summer, we are offering a whole summer full-day rate for only **\$2,000** if registered by May 1. After May 1 cost is also discounted, at only \$2,400

June 21 – Aug 13 +\$300 Ex-Hours

Have Elementary School Children?

Camp Doodles will be hosting, on the same campus, a really fun summer day camp for children ages 4.5 – 11. www.campdoodles.com

BUY SPECIFIC DROP-IN DAYS:

Circle Specific Days: June 21, 22, 23, 24, 25 / 28, 29, 30, July 1, 2 / 5, 6, 7, 8, 9 / 12, 13, 14, 15, 16 / July 19, 20, 21, 22, 23 / 26, 27, 29, 30 / Aug 2, 3, 4, 5, 6 / 9, 10, 11, 12, 13
 Cost: \$75.00 per day x _____ days = \$ _____ Come anytime between 7:30am and 6:00pm. Due to staffing requirements, certain days may sell out.

PAYMENT INFO:

Cost \$ _____ + \$25 Per Child Registration Fee = \$ _____ Amount Enclosed: Full Payment **OR** \$200 Deposit Per Child (full payment due with registrations sent after May 1)

RELEASE / WAIVER:

Permission and General Release: I hereby agree that the child or children named above have my permission to attend all activities that are part of the Marin Primary & Middle School preschool summer camp program (the "Camp"), and I hereby agree not to hold Marin Primary & Middle School responsible for accidents or injuries to my child(ren) except to the extent that such accident or injury is directly related to Marin Primary & Middle School's gross negligence. **Medical Treatment Consent & Sunscreen Permission** In case of a medical or surgical emergency, I hereby give permission to any medical personnel selected by the Camp staff to secure treatment. I give permission for the Camp staff to apply or provide sunscreen to my child(ren). **Medical Insurance:** I understand and agree that it is my responsibility to provide accident and health coverage for the child or children named above while they are attending the Camp. **Authorization for use of photographs/videos:** Use of any pictures, text and/or videos of/by me or my child(ren) may be used for Camp training, advertising and marketing without any compensation to me or my child(ren). **Risk of Injury:** I acknowledge that the Camp activities may contain risks that may result in injury or death to me and/or my child. **Understand All Policies:** I have asked any questions I have about the Camp's policies and operations. All questions about policies and operations have been answered to my satisfaction. I understand and agree that I must request a refund at least two-weeks in advance to be eligible for a 100% credit for a future summer or 50% cash refund (details online).
 I hereby agree to all the terms and conditions set forth above and additionally consent to my child(ren) participating all camp activities.

Parent / Legal Guardian SIGNATURE: _____ **Today's Date:** _____

Please **MAIL** Signed Registration Form And Payment To: **MP&MS Camps – 20 Magnolia Ave – Larkspur, CA 94939 PHONE (415) 924-2608**

STAFF USE: waitlist staff name here _____ received \$ _____ on check # _____ staff name when in software _____ \$ _____ DUE _____

NOTES TO CAMP STAFF (& REGISTRATION CLARIFICATIONS):

Need to clarify any of your registration options? (e.g. if you have multiple children attending at different weeks)

Where have you seen / heard about Preschool Camp at MP&MS?

Please be specific so we can continue to get the word out, while keeping our prices down.

PRINT & MAIL DOCUMENT:

Then sign it with a pen and mail the signed copy & payment to MP&MS at 20 Magnolia * Larkspur, CA 94939. *In case you need it, our tax ID # is 94-2302389*