

Preschool Camp at MP&MS - Registration Form – For all children with birthdays between Dec 1, 2006 - July 1, 2009

NEW TO OUR PRESCHOOL CAMP?

NEW Camp Family (welcome!) * RETURNING Family (Fields marked with a * are required. Please clearly **circle** any fields we need to *update* in our software.)

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) Child Has: Inhaler Epi-Pen Returning Camper? Yes No
 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) Child Has: Inhaler Epi-Pen Returning Camper? Yes No

PARENT INFORMATION:

* Parent 1 _____ Relationship to Child(ren) _____ * Home Phone _____
 * Cell Phone _____ * Work Phone _____ Occupation & Employer _____
 Address _____ City _____ State _____ Zip _____
 * Email (Required) _____ (confirmations & camp updates are sent via email)
 * Parent 2 _____ Relationship to Child(ren) _____ Home Phone _____
 * Cell Phone _____ * Work Phone _____ Occupation & Employer _____
 Address _____ City _____ State _____ Zip _____
 Email _____ (confirmations & important camp updates are sent via email)

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 _____

* MEDICAL INFO & NOTES TO STAFF:

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/Incoming MP&MS Student? Yes No If not, download a Medical Form from www.mpmscamps.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 (by July 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). Closed July 4.

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 20 – June 24	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$360	\$260	\$310	\$235	<input type="checkbox"/> +\$50 per week
Week 2: June 27 – July 1	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$360	\$260	\$310	\$235	<input type="checkbox"/> +\$50 per week
Week 3: July 5 – July 8 (no 7/4)	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$300	\$210	\$250	\$190	<input type="checkbox"/> +\$40 per week
Week 4: July 11 – July 15	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$360	\$260	\$310	\$235	<input type="checkbox"/> +\$50 per week
Week 5: July 18 – July 22	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$360	\$260	\$310	\$235	<input type="checkbox"/> +\$50 per week
Week 6: July 25 – July 29	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$360	\$260	\$310	\$235	<input type="checkbox"/> +\$50 per week
Week 7: Aug 1 – Aug 5	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$360	\$260	\$310	\$235	<input type="checkbox"/> +\$50 per week
Week 8: Aug 8 – Aug 12	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	\$360	\$260	\$310	\$235	<input type="checkbox"/> +\$50 per week

Whole Summer! Full Day
 Only \$2,100 if registered by May 1. \$2420 after 5/1
 June 20 – Aug 12 +\$300 Ex-Hours

Whole Summer! Half Day
 Only \$1,650 if registered by May 1. \$1835 after 5/1
 June 20 – Aug 12 (morning care included)

Have Elementary School Children?
 Camp Doodles will be hosting, on the same campus, a really fun summer day camp for children ages 4.6 – 11. www.campdoodles.com

BUY SPECIFIC DROP-IN DAYS:

Circle Specific Days: **June** 20, 21, 22, 23, 24 / 27, 28, 29, 30, **July** 1 / 5, 6, 7, 8 / 11, 12, 13, 14, 15 / July 18, 19, 20, 21, 22 / 25, 26, 27, 28, 29 / **Aug** 1, 2, 3, 4, 5 / 8, 9, 10, 11, 12
 Cost: \$80.00 per day x _____ days = \$ _____ Come anytime between 7:30am and 6:00pm. Due to staffing requirements, certain days may sell out. Closed July 5

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 / AGREEMENT / POLICIES / PERMISSIONS:

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 SIGNATURE: _____

Date: _____

MAIL TO

MP&MS Preschool Camp – 20 Magnolia Ave – Larkspur, CA 94939
PHONE (415) 924-2608 x379 **EMAIL** staff@mpmscamps.org

STAFF USE: staff name _____ date rcvd _____ / _____ received \$ _____ w/check # _____ staff name when in software _____ confirmation sent by _____

NOTES TO CAMP STAFF:

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 Preschool Camp
20 Magnolia Ave
Larkspur, CA 94939

In case you need it, our tax ID # is 94-2302389