

ENROLLMENT AND MEDICAL CONSENT FORM

Fill out this Enrollment and Medical Consent Form. Mail with \$100 deposit to:
Camellot Academy c/o 15506 Cedar Lane
Basehor, KS 66007

A \$100 non-refundable deposit must accompany each application with the full balance due on or before the opening day of camp. Please make your check payable to Camellot Academy, Inc. No refunds of tuition will be made after June 14, 2019.

Camper's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email(s) _____ May we print it in our roster? _____

Parent with whom camper resides _____ Camper is _____ Male _____ Female

Mother's Name _____ Cell # _____

Place of employment _____ Work # _____

Father's Name _____ Cell # _____

Place of employment _____ Work # _____

School camper will attend Fall 2019 _____ Grade entering Fall 2019 _____

Division (check one): NOTE: lunch will be provided for ALL Full Day campers

Junior Division (5 yrs. old-3rd grade): 3-Week Session (June 10th-June 28th) / 5-Week Session (June 10th-July 13th)

- 3 Week AM (9am-12:30pm) - \$350
5 Week AM (9am-12:30pm) - \$600
5 Week AM + PM (M/W/F 9am-12:30pm & T/Th 9am-3pm) - \$750
5 Week AM + PM (T/Th 9am-12:30pm & M/W/F 9am-3pm) - \$850
5 Week Full Day (9am-3pm) - \$1000

Senior Division (Grades 4th - 9th): 5-Week Session (June 10th-July 13th)

- 5 Week Full Day (9am-3pm) - \$1120

Choose Payment Option:

4 Payments (Feb, Mar, Apr, May) _____ 2 Payments (Feb, Apr) _____ Full Payment (due by 6/10) _____

Date of Birth _____ T-Shirt Size (circle one) ADULT S M L XL YOUTH 6-8 10-12 14-16

Number of Additional T-Shirts @ \$15 _____ Sizes for Additional T-Shirts _____

Are you interested in Notre Dame de Sion's before (7:30am) and after camp (until 5:30pm) care? yes no
(If yes, go to: https://ndsionparent.campbrainregistration.com to sign up)

My child's photo may be used for promotional purposes of camp, including, but not limited to the camp website, distribution to news media (names only given of campers with leading roles in productions), etc. yes no

Parent or Guardian's Signature _____

ENROLLMENT AND MEDICAL CONSENT FORM
(cont.)

MEDICAL CONSENT (Please list all medications and any additional dietary restrictions)

Doctor's Name _____ Phone _____

Alternate Emergency Contact _____ Phone _____

Allergies _____ Dietary Restrictions _____

Will child be taking medication during camp? _____ Staff has permission to dispense prescribed medication _____

I give my consent for emergency medical care for _____

1. Please list all medications that your child will be taking during camp:

2. Please list any additional dietary restrictions for your child: