

Student Name _____ Age _____ DOB _____
 Home address _____ City _____ State _____ ZIP _____
 Home phone _____ Parent's e-mail _____ Alternative e-mail _____
 Mother's/guardian's name _____ Daytime phone _____ Mobil phone _____
 Father's/guardian's name _____ Daytime phone _____ Mobil phone _____
 Emergency Contact name _____ Daytime phone _____ Mobil phone _____

# OF WEEKS ATTENDING	TUITION RATES	
	Total Full Day	Total Half Day
One Week	\$350	\$200
Two Weeks	\$700	\$400
Three Weeks	\$1,000	\$580
Four Weeks	\$1,300	\$760
Five Weeks	\$1,600	\$940

# OF WEEKS ATTENDING	TUITION RATES	
	Total Full Day	Total Half Day
Six Weeks	\$1,900	\$1,120
Seven Weeks	\$2,200	\$1,300
Eight Weeks	\$2,500	\$1,480
Nine Weeks	\$2,800	\$1,660

Camp is operating from 7:30 to 6:00pm. Please read our late pick up policies. Late pick-up until 6:30pm is available.

Week #	Dates	Check Weeks Selected	Full or Half day option (F/H)
1	June 24-June 28		
2	July 1 - July 5 (4 days)		
3	July 8 - July 12		
4	July 15 - July 19		
5	July 22 - July 26		
6	July 29 - August 2		
7	August 5 - August 9		
8	August 12 - August 16		
9	August 19 - August 23		

Discount: 5% off for additional camper from the same family. Non-refundable deposit is \$100 per each week enrolling due by May 15th, 2019. Balance is due June 1st. Subtract \$60 if selecting week #2 Full day, \$30 for half day.

Total Camp Tuition: \$ _____
Lunch: \$25*#of wks = _____
Total: \$ _____

MEDICAL INFORMATION

Please list any allergies, fears, disability, medical conditions or other special needs camp's staff should be aware of: _____

Name of family physician: _____ Phone _____ Insurance Company _____ HMO or PPO
 Insurance company address _____ City _____ State _____ ZIP _____
 Policy subscriber's name _____ Policy #: _____ Group #: _____

MEDICAL TREATMENT AUTHORIZATION: I hereby authorize the WizKids Daycare to arrange for transportation in case of accident or acute illness of my child. In the event it is impossible to receive instructions from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter and administration of drugs and medication and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief or preservation of my child's life, and/or health and well-being. I/We agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

RELEASE: I/We, the undersigned, individually and as parent(s) and/or guardian(s) of _____, a minor, ask that he/she be admitted to participate in camp sponsored by WizKids Daycare, Inc. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless the WizKids Daycare, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the summer camp or in the course of activities held in connection with the camp. We have read, understand and fully accept the policies and procedures of the WizKids Daycare and of the affiliated camp.

Check for \$ _____ is enclosed (please circle: deposit, balance, full payment).

Parent/Guardian Signature: _____ **Date** _____

Please mail registration, policy form and payment to WizKids Daycare, 379 Morris Avenue, Springfield, NJ 07081