



INSPIRING MINDFUL MOVEMENT

## CHILDREN'S SUMMER DAY CAMP APPLICATION

**Child's Name**

\_\_\_\_\_ (Last) (First) (Middle)

**Address**

\_\_\_\_\_ (Street) (City) (Zip Code)

**Age** \_\_\_\_\_ **Sex :** Male Female **Date of Birth** \_\_\_\_\_

**Grade FALL 2019** \_\_\_\_\_ **School** \_\_\_\_\_

**Please Indicate Which Days Your Child Will Attend: Cost Is \$175 PER WEEK or \$48 PER DAY TO DROP IN! 8:00AM-5:30PM! Space is limited! \$45 NON-REFUNDABLE REGISTRATION FEE IS DUE UPON RECEIPT OF REGISTERING YOUR CHILD (THIS IS AN ONE-TIME FEE!)**

- WEEK 1 JUNE 12-14(BOYS & GIRLS): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 2 JUNE 17-21(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 3 JUNE 24-JUNE 28(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 4 JULY 1-3, 5(Girls Only) : PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 5 JULY 8-12(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 6 JULY 15-19(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 7 JULY 22-26(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 8 JULY 29-AUGUST 2(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 9 AUGUST 5-9(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 10 AUGUST 12-16(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_
- WEEK 11 AUGUST 19-23(Girls Only): PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK \_\_\_\_\_

PLEASE GIVE US ANY ADDITIONAL INFO REGARDING YOUR CHILD'S ATTENDANCE

**Family Info** Child resides with \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone/Cell \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone/Cell \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

**Emergency Contacts & Pick Up**

Please list the names of individuals with whom your child may be released to and whom we will contact in case of an emergency. If someone other than the persons listed below will be picking up your child we must have a note via email or in writing from the parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*Please notify us in writing of any custody issues or concerns regarding who can and cannot pick your child up from the program.

**Child's Medical Info** Please check Yes or No to the following questions. If yes, please specify.

1. Does your child have any known allergies? Yes \_\_\_ No \_\_\_ **If yes, please specify** \_\_\_\_\_

2. Is your child on any medications? Yes \_\_\_ No \_\_\_ **If yes, please specify** \_\_\_\_\_

3. Is your child currently under a doctor's care? Yes \_\_\_ No \_\_\_ **If yes, please specify** \_\_\_\_\_

4. Any history of significant diseases or recurrent illness? Yes \_\_\_ No \_\_\_ **If yes, please specify** \_\_\_\_\_

5. Does the child have any special requirements, mentally or physically? Yes \_\_\_ No \_\_\_ **If yes, please specify** \_\_\_\_\_

6. Please describe any other relevant medical information \_\_\_\_\_

**Emergency Medical Info**

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Insurance Co./Policy Number \_\_\_\_\_

**Authorization for Emergency Medical Care**

I permit The Studio to utilize physicians, emergency responders, or a health care provider of its choice to provide

emergency care for my child, \_\_\_\_\_ in the event that neither I nor the child's doctor can be contacted.

\_\_\_\_\_  
(parent signature)

\_\_\_\_\_  
(Date)

**Pick-up Tardiness Policy/Late Payments/Return Checks:**

Camp hours are until 5:30 p.m. In the case of tardiness, I acknowledge by my signature below that I will be charged a late fee of \$15.00 per 15 minutes to begin at 5:31pm. I also acknowledge that there will be a \$30 fee for all returned checks and a 10% late fee will apply to my camp fees for each week payment is late.

**Program Agreement:**

I understand that my child will be physically active including participating in mindful movement exercises/yoga. I understand that this includes physical movements as well as an opportunity for relaxation and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. By signing, I affirm that a licensed physician has verified my child to be in good health and physical condition to participate in such a fitness program. In addition, I will make the instructor/teacher aware of any medical conditions or physical limitations my child may have before any activity. I hereby authorize The Studio, Outer Banks LLC to publish the photographs or video taken of me or my child, and our names, for use in The Studio printed publications, on-line media outlets and website. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against The Studio Outer Banks LLC, Karma Kids Mindful After-School and its instructors. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement, Medical Policies, and Pick-Up Policies. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of North Carolina.

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**YOU CAN DROP OFF REGISTRATIONS AT THE STUDIO - MP 11.25, PIRATES QUAY SHOPPES, DIRECTLY ACROSS THE STREET FROM NHES, EMAIL US AT [SAM@THEOBXSTUDIO.COM](mailto:SAM@THEOBXSTUDIO.COM) OR MAIL TO THE STUDIO, PO BOX 7365 KDH, NC 27948. CALL #305-1414 with any questions! ☺**