



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 2020 _____ **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!)

TWO DAY DROP IN CAMP, JUNE 11-12: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 1 JUNE 15-19: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 2 JUNE 22-JUNE 26: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 3 JUNE 29-July 3: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 4 JULY 6-10: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 5 JULY 13-17: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 6 JULY 20-24: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 7 JULY 27-31: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 8 AUGUST 3-7: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 9 AUGUST 10-14: PLEASE INDICATE DAYS IF NOT ATTENDING FOR ENTIRE WEEK _____

WEEK 10 AUGUST 17-21: 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 OR MAIL TO THE STUDIO, PO BOX 7365 KDH, NC 27948. CALL #305-1414 with any questions! ☺