



## 2009 CAMP REGISTRATION FORM

All forms can be found online at: [www/dtcc.edu/ccpsw/camps](http://www/dtcc.edu/ccpsw/camps)

New Camper     Returning Camper

Office Use Only: Identification Number			Age:	Gender:
Camper's Name: (Last) (First)		Social Security Number:		Birth Date: (Required)
Street Address:			School Attending 2009-2010:	
City:	State:	Zip:	Parent/Guardian email	
Parent/Guardian Work-Company Name:			Parent/Guardian Work Address:	
<b>1st Parent/Guardian Name:</b>			<b>2nd Parent/Guardian Name:</b>	
Home Phone #:			Home Phone #:	
Work Phone #:			Work Phone #:	
Cell Phone #:			Cell Phone #:	

**Emergency Contact:**

(Please provide the name of someone NOT listed above - parents/guardians listed above will always be contacted first)

Name:	Relationship:	Phone #:
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**Parent Guardian Consent**

The following individuals are authorized to pick up my child at the end of the camp day:

Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

**Health Related Information:**

Physicians Name:	Address:	Phone #:
Name of Primary Health Insurance:	Group Number:	Agreement Number:

How did you hear about our camp? \_\_\_\_\_

Would you like to receive information about camps via e-mail?

Please Note: All sections of this registration form must be completed in its entirety. Incomplete information can result in delays in processing your child's camp registration. Please take a moment to make sure that all information is accurate.

**Mail or Fax your completed forms and a copy of your child's immunization records to:  
 Delaware Technical & Community College • CCP Camps / Attn: Margaret Bello A153  
 400 Stanton-Christiana Road, Newark, DE 19713 • Phone: 453-3041 • Fax 453-3076**

The information requested below is optional and is used for statistical purposes only.

Ethnic origin:     African-American     Caucasian     Hispanic/Latino  
 Asian/Pacific Islander     Native American/Alaskan     Other: \_\_\_\_\_

**2009 CAMP REGISTRATION FORM****Camp Authorization Form**

Due to State of Delaware Public Health requirements, we are obligated to have on file current immunization records for all campers attending our camp. You must provide a photocopy of your child's immunization record that indicates they are up-to-date on the following immunizations:

- **Diphtheria . Rubella . Measles . Tetanus . Mumps**

(Please print) I, \_\_\_\_\_ hereby give my consent to Delaware Technical & Community College, who will be caring for my child, to arrange for emergency/medical/surgical/dental care and treatment (including diagnostic procedures) necessary to preserve the health of my child. I acknowledge that I am responsible for all reasonable charges in connection with any care and treatment rendered.

**MEDICATION INSTRUCTIONS**

If it is necessary for your child to receive medication during camp, please do the following:

1. Give the medication to the camp coordinator (or send the medication to camp with an adult if you are unable to bring it yourself). A Medication Form which authorizes staff to administer medication must be completed.
2. Send medication in the original container (with date) properly labeled with the following information:
  - Correct name of individual receiving medication
  - Time medication is to be taken
  - Amount of dosage individual is to receive

**AUTHORIZATION FOR CAMP(S) AND EXTENDED CARE**

- I understand that Delaware Technical & Community College will not assume responsibility for accidents and/or medical or dental expenses received as a result of participation in the camp/s.
- I give permission to Delaware Technical & Community College to dispense the above medication, if any, to my child according to the information provided above. In the event that the emergency contacts cannot be reached, I hereby grant Delaware Technical & Community College permission to give whatever immediate treatment is necessary and/or take my child to the nearest Hospital Emergency Room. On behalf of myself and my child, I release Delaware Technical & Community College, its trustees, officers, faculty, and employees from any and all claims arising from emergency treatment and/or administration of medication with respect to my child.
- I understand that no reduction in the tuition will be made for late arrival or early departure.
- I understand that no part of my tuition will be returned if my child should be dismissed from camp.
- I give Delaware Technical & Community College consent to use the name and/or photograph/video of my child for inclusion in promotional and informational and other materials which the College or its staff in its sole discretion consider to be of benefit to the College. This includes (but is not limited to) newspaper, television, and brochures. I waive the right to approve such uses and I release Delaware Technical & Community College from any liability in connection therewith.
- Permission is hereby granted for my child to attend all scheduled field trips and off-campus activities scheduled in connection with the camp. I understand and acknowledge that participation in the camp and related activities carries with it the possible risk of physical injury. On behalf of my child, I assume all such risk of physical injury and hereby release and forever discharge Delaware Technical & Community College, its trustees, officers, faculty, and employees from any and all liability, claims, expenses or losses arising from bodily injuries or damage to people or property resulting from my child's involvement and participation in the camp. I further acknowledge and agree that I will be fully responsible for any and all losses or damages that my child inflicts upon any person or upon the College facilities during participation in the camp.
- Refund: Deposits are non-refundable. If your child is unable to attend a camp in which he/she HAS enrolled, you may request a refund for the remaining balance paid from Corporate and Community Programs. All requests must be received in writing 72 hours prior to the first day of the camp week for which your child is enrolled via U.S. mail, fax or email. For partial refund requests to be considered, you must speak to camp office representatives only. Please note that refunds for payments made by check may take a minimum of six weeks to process.  
Transfer Policy: If your child is unable to attend a camp in which he/she is enrolled, you may request a transfer to another camp week within the same camp season. All requests must be received in writing via U.S. mail, fax or email and must be received 72 hours prior to the first day of the camp week for which your child is enrolled. Any camp transfer which may occur will not be considered for partial refund at a later date.

I HAVE CAREFULLY READ ALL OF THE INFORMATION, POLICES AND PROCEDURES ABOVE AND IN THE CAMP BOOKLET (AND/OR WEBSITE) AND I AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE CAMPER.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Camper's Name: (Last) (First)

Office Use Only: Identification Number:

Mark an X to indicate the camp(s) you are signing up for in the box next to the camp date.

**STANTON CAMPS****Week 1 • June 8 - 12**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60218
9-12		Stars & Planets Science Camp	60294
13-15		CSI Camp	60310
All ages		Extended Care	60264

**Week 2 • June 15 - 19**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60229
9-12		American Sign Language Camp	60316
9-12		Computer Kids Camp	60291
9-12		Soccer Camp	60297
13-15		Beauty Camp	60296
All ages		Extended Care	60249

**Week 3 • June 22 - 26**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60230
9-12		MythBusters Camp	60295
9-12		Wonders Of Web Design Camp	60308
9-12		Young Poets Camp	60267
13-15		Comic Book Illustration Camp	60317
All ages		Extended Care	60266

**Week 4 • June 29 - July 2**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60231
9-12		Basketball I Camp	60286
9-12		Speaking Spanish Camp	60293
13-15		Counselor In Training Camp - Block 1	60269
All ages		Extended Care	60251

**Week 5 • July 6 - 10**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60232
9-12		Basketball II Camp	60287
9-12		Moove & Groove Dance Camp	60289
13-15	Blk 1	Counselor In Training Camp	wk 2
13-15		Nuts & Bolts Built It Camp	60288
All ages		Extended Care	60262

**Week 6 • July 13 - 17**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60233
9-12		Art/Illustration I Camp	60302
9-12		Volleyball Camp	60305
13-15	Blk 1	Counselor In Training Camp	wk 3
13-15		Robo Camp	60281
All ages		Extended Care	60263

**WILMINGTON CAMPS****Week 1 • June 8 - 12**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60218
9-12		Cooking Camp	60272
13-15		Technology for Teens Camp	60268
All ages		Extended Care	60238

**Week 2 • June 15 - 19**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60219
9-12		Creative Writing Camp	60314
9-12		Jewelry Making Camp	60285
13-15		TV Production Camp	60298
All ages		Extended Care	60239

**Week 3 • June 22 - 26**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60220
9-12		Art/Illustration I Camp	60301
9-12		Summer School Musical Camp	60277
13-15		Aviation Camp	60320
All ages		Extended Care	60240

**Week 4 • June 29 - July 2**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60221
9-12		Computer Game Challenge Camp	60278
9-12		French Camp	60326
13-15		Mind Your Own Business Camp	60276
All ages		Extended Care	60241

**Week 5 • July 6 - 10**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60222
9-12		Art Illustration II Camp	60303
9-12		Going Green Env'l. Science Camp	60275
13-15		Bank It! Camp	60284
All ages		Extended Care	60242

**Week 6 • July 13 - 17**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60223
9-12		Computer Kids Camp	60292
9-12		Young Inventors Camp	60300
13-15		Where In The World...Int'l Camp	60323
All ages		Extended Care	60243

Weeks continued next page.

**STANTON CAMPS**

**Week 7 • July 20 - 24**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60234
9-12		Art Illustration II Camp	60304
9-12		Math Mania Camp	60319
13-15		Counselor In Training Camp - Block 2	60270
13-15		Robo Camp	60282
All ages		Extended Care	60254

**Week 8 • July 27 - 31**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60235
9-12		Computer Challenge Camp	60279
9-12		Cooking Camp	60273
12-15		Rock Climbing Camp	60283
13-15	Blk 2	Counselor In Training Camp	wk 2
All Ages		Extended Care	60265

**Week 9 • August 3 - 7**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60236
9-12		Cheerleading Camp	60280
9-12		Cooking Camp	60274
13-15	Blk 2	Counselor In Training Camp	wk 3
All ages		Extended Care	60256

**Week 10 • August 10 - 14**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60237
9-12		Scrapbooking, Crochet & More Camp	60290
9-12		Sweat & Jump Fitness Camp	60299
13-15		Cooking Camp	60271
All ages		Extended Care	60257

**WILMINGTON CAMPS**

**Week 7 • July 20 - 24**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60224
9-12		Games, Mazes & Puzzles Camp	60322
9-12		Photography Camp	60315
13-15		Crimesolving by Numb3rs® Camp	60318
All ages		Extended Care	60244

**Week 8 • July 27 - 31**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60225
9-12		Babysitting Camp	60311
9-12		Comedy Improv Camp	60321
13-15		Sports Broadcasting Camp	60324
All ages		Extended Care	60245

**Week 9 • August 3 - 7**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60226
9-12		Wonder of Web Design Camp	60309
13-15		Communication Camp	60325
All ages		Extended Care	60246

**Week 10 • August 10 - 14**

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60227
9-12		Hannah Montana® Camp	60307
13-15		Photography Camp	60306
All ages		Extended Care	60247

Please complete one form per child.  
Additional forms are available  
online at [www.dtcc.edu/ccpsw/camps](http://www.dtcc.edu/ccpsw/camps)

**Payment Method:**

- Discover       Visa  
 MasterCard       Check  
 Check # \_\_\_\_\_

**Make checks payable to: DTCC**

Card Number: \_\_\_\_\_ CVC #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Amount Authorized \$ \_\_\_\_\_

Name of Card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**PAYMENT INFORMATION**

**Camp cost per week \$170 • Extended Care per week \$30**

\$170 per camp marked above: \_\_\_\_\_

Extended Care per week (\$30.00) \_\_\_\_\_

\$50 Deposit / per week  
(min. due with registration) \$50 x \_\_\_\_\_ = \_\_\_\_\_

*Please Note: Deposits are non-refundable.*

Total Remittance: \_\_\_\_\_

Balance Due: \_\_\_\_\_