



2010 SUMMER CAMP REGISTRATION FORM

All forms can be found online at: 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 2010-2011:	
City:	State:	Zip:	Parent/Guardian email	
Parent/Guardian Work-Company Name:			Parent/Guardian Work Address:	
1st Parent/Guardian Name:			2nd Parent/Guardian Name:	
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: _____

2010 SUMMER CAMP REGISTRATION FORM**Summer 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 SUMMER 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.
- Deposits: The first fifty dollars (\$50) of your camp payment is considered a deposit to hold your child's camp seat. Deposits are nonrefundable but it is possible that the deposit may be transferred according to the Transfer Policy below.
Refund: If your child is unable to attend a camp in which he/she is enrolled, you may request a refund for any amount paid over and above the \$50 deposit. You must make your request in writing to Corporate and Community Programs via U.S. mail, fax or email at the address/number located on page 17 of this booklet. The request must be received by the close of business on the Tuesday prior to the Monday that your child is scheduled to begin camp. Please note that refunds for payments may take six to eight 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 of the amount paid against that camp to another camp week that your child is not previously enrolled in, within the same camp season. You may not combine deposits to pay a balance for another camp week previously enrolled in. You must make your request in writing to Corporate and Community Programs via U.S. mail, fax or email at the address/number located on page 17 of this booklet. The request for the transfer of a deposit must be received by the close of business on the Tuesday prior to the Monday of the camp week that your child was scheduled to attend.

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 14 - 18

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60268
9-12		Computer Kids	60309
9-12		Moove & Groove Dance I	60307
9-12		Soccer	60311
13-15		Crime Scene Investigation	60312
All ages		Extended Care	60289

Week 2 • June 21 - 25

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60269
9-12		MythBusters®	60315
9-12		Creative Crafts I - Jewelry Making	60317
9-12		Wonder of Web Design	60313
13-15		Comic Book Illustration	60318
All ages		Extended Care	60290

Week 3 • June 28 - July 2

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60270
9-12		Basketball I	60322
9-12		Moove & Groove Dance II	60308
9-12		Young Poets	60320
13-15	Blk 1	Counselor in Training - Wk 1	60324
All ages		Extended Care	60291

Week 4 • July 6 - 9

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60271
9-12		Basketball II	60323
9-12		Going Green Environmental Camp	60326
13-15		Beauty	60327
13-15	Blk 1	Counselor in Training - Wk 2	60324
All ages		Extended Care	60292

Week 5 • July 12 - 16

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60272
9-12		Art/Illustration I	60328
9-12		Volleyball	60332
13-15	Blk 1	Counselor in Training - Wk 3	60324
13-15		Robo Camp - Beginner	60333
All ages		Extended Care	60293

Week 6 • July 19 - 23

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60273
9-10		Art/Illustration II	60335
9-12		Energy Savers	60339
9-12		Math Mania (9-10 year olds)	60337
13-15	Blk 2	Counselor in Training - Wk 1	60325
13-15		Robo Camp - Advanced	60334
All ages		Extended Care	60294

WILMINGTON CAMPS

Week 1 • June 14 - 18

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60285
9-12		Cooking	60349
9-12		Creative Writing	60357
13-15		Comic Book Illustration	60319
All ages		Extended Care	60306

Week 2 • June 21 - 25

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60284
9-12		Art/Illustration I	60331
9-12		Fit Kids (This camp only; MUST register for 2/Wks)	60340
13-15		Aviation	60358
All ages		Extended Care	60305

Week 3 • June 28 - July 2

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60283
9-12		Computer Games Challenge	60342
9-12		Fit Kids (This camp only; MUST register for 2/Wks)	60340
13-15		Bank It	60359
All ages		Extended Care	60304

Week 4 • July 6 - 9

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60282
9-12		Speaking Spanish	60360
9-12		Summer School Musical	60361
13-15		Technology for Teens	60352
All ages		Extended Care	60303

Week 5 • July 12 - 16

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60281
9-10		Computer Kids	60310
9-12		Math Mania (9-10 year olds)	60362
13-15		Digital Media	60364
All ages		Extended Care	60302

Week 6 • July 19 - 23

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60280
9-12		Cooking	60350
9-12		Stars and Planets	60365
13-15		Crime Solving by Numb3rs®	60366
All ages		Extended Care	60301

Weeks continued next page.

STANTON CAMPS

WILMINGTON CAMPS

Week 7 • July 26 - 30

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60274
9-12		Computer Games Challenge	60341
9-12		Cooking	60346
12-15		Rock Climbing	60353
13-15	Blk 2	Counselor in Training - Wk 2	60325
All ages		Extended Care	60295

Week 8 • August 2 - 6

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60275
9-12		Cheerleading	60354
9-12		Cooking	60348
11-12		Math Mania (11-12 year olds)	60338
13-15	Blk 2	Counselor in Training - Wk 3	60325
All Ages		Extended Care	60296

Week 9 • August 9 - 13

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60276
9-12		Creative Crafts II Scrapbooking & More	60355
9-12		Sweat & Jump Fitness	60356
13-15		Cooking	60351
All ages		Extended Care	60297

Week 7 • July 26 - 30

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60279
9-12		Babysitting	60367
11-12		Math Mania (11-12 year olds)	60363
13-15		Where in the World...International	60368
All ages		Extended Care	60300

Week 8 • August 2 - 6

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60278
9-12		Photography	60369
9-12		Wonders of Web Design	60314
13-15		Communication	60370
All ages		Extended Care	60299

Week 9 • August 9 - 13

Ages	Select	Camp Name	Course #
5-12		Camp-on-Campus	60277
9-12		American Sign Language	60371
9-12		MythBusters®	60316
13-15		Sports Broadcasting	60372
All ages		Extended Care	60298

Please complete one form per child.
Additional forms are available
online at www.dtcc.edu/ccpsw/camps

PAYMENT INFORMATION

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

Payment Method:

- Discover Visa
 MasterCard Check
 Check # _____

\$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 Amount: _____

Balance Due: _____
(Balance Due = # Camps x \$170 - Deposit)

Make checks payable to: DTCC

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

Name of Card: _____ Cardholder Signature: _____