

2018 Camp Registration Form

CAMPER INFORMATION

First Name: _____ Last Name: _____

DOB: ____ / ____ / ____ Age: _____ Gender: Male Female

Camper lives with: Both Parents Mother Father Mother & Step-Father Father & Step-Mother
 Grandparents Other: _____

Address: _____

City: _____ State: _____ Zip: _____ Last four of Social Security #: _____

Allergies: _____ Medical Alerts: _____

Daily Medications: _____ Doctor's Treatment Plan Provided: Yes No

PARENT/GUARDIAN #1 INFORMATION: *(This is the individual who will be responsible for all financial matters)*

Mother Father Step-mother Step-father Grandmother Grandfather

Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best contact number: Home Cell Work

Email: _____

Employer: _____ Employer Phone: _____

(Employer will be contacted if neither Parent/Guardian #1 or Parent/Guardian #2 can be reached in an emergency)

PARENT/GUARDIAN #2 INFORMATION:

Mother Father Step-mother Step-father Grandmother Grandfather

Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best contact number: Home Cell Work

Email: _____

Employer: _____ Employer Phone: _____

(Employer will be contact if neither Parent/Guardian #1 or Parent/Guardian #2 can be reached in an emergency)

Camp 100 Campus Drive,
Office: Dover, DE 19904

Email: terry-workforcedevelopment@dtcc.edu



2018 Camp Registration Form

ADDITIONAL EMERGENCY CONTACTS (Not Parents/Guardian) AND AUTHORIZED PICK-UP INFORMATION

#1

Emergency Contact Authorized drop-off and pick-up

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Step-mother Step-father Grandmother Grandfather Aunt Uncle Sister Brother

Family Friend Other: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best contact number: Home Cell Work

#2

Emergency Contact Authorized drop-off and pick-up

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Step-mother Step-father Grandmother Grandfather Aunt Uncle Sister Brother

Family Friend Other: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best contact number: Home Cell Work

#3

Emergency Contact Authorized drop-off and pick-up

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Step-mother Step-father Grandmother Grandfather Aunt Uncle Sister Brother

Family Friend Other: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best contact number: Home Cell Work



2018 Camp Registration Form

Camp Authorization Form

Camper's Name: _____

Due to state of Delaware Public Health requirements, we are mandated 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.

Medical Instructions

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

1. You **MUST** have a Pre-Camp meeting with Camp Management to discuss any maintenance drugs that are to be administered during camp. These meetings are not required for a child who will be receiving medication for a one time ailment (i.e. ear infection, sinus infection).
2. Send medication in the original container (as dispensed by pharmacy 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 Camp

- 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 medication(s) listed on the Medication Administration Form, 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 twenty five dollars (\$25) of your camp payment is considered a deposit to hold your child's camp seat. Deposits are non-refundable 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 \$25 deposit. You must make your request in writing to Workforce Development and Community Education Camp Office via U.S. mail, or email at the address located at the bottom of the first (1) registration page. The request must be received by the close of business 10 days prior to the Monday that your child is scheduled to begin camp. Please note that refunds for payments made by check 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 Workforce Development and Community Education Camp Office via U.S. mail, or email at the address located at the bottom of the first (1) registration page. The request for the transfer of a deposit must be received by the close of business 10 days prior to the Monday of the camp week that your child was scheduled to attend.

I have carefully read all of the information, policies and procedures above and in the camp booklet (and/or website) and I agree to all the terms and conditions. I am the legal guardian of the camper.

Parent/Guardian Signature: _____ Date: _____

2018 Camp Registration Form

Off-Campus Activities Permission and Release Form

To Be Completed by the College:

Camp Date(s): Spring Break Camp - 4/2 thru 4/6 | Summer Camp - 6/11 thru 8/10

Details: Variety of trips throughout Kent and surrounding areas. Details for each weekly trip to be distributed weekly to parents via Weekly Newsletter

Camp Transportation: Certified and licensed bus company to be determined by the College.

To Be Completed by Guardian:

Name of Child: _____ **Age:** _____

List All Special Needs or Problems of Child Requiring Special Attention During Transportation Provided by the College for the Camp:

I, the undersigned parent or guardian of _____, (Print Name) hereby grant permission for my child to participate in all of the activities, including those occurring off of property owned or controlled by the College, scheduled for the camp. My permission extends to all activities listed on this form or which may occur during the course of the camp. My permission includes the transportation listed above as provided by the College unless I have indicated otherwise on this form. In the event that I have chosen to arrange my child's transportation to and from the camp, I acknowledge that the College, its employees, agents, and trustees, have no liability arising out of and from the transportation of my child to and from these activities.

I further understand that all of the terms, conditions, and information contained in the 2017 Authorization Form as submitted by me on behalf of my child, including the assumption of the risks of camp activities, medical authorization, promotional authorization and such related releases of liability shall apply during my child's participation in the activities occurring off of property owned or controlled by the College scheduled for the camp as well as during the College's transportation of my child in conjunction with these camp activities.

I HAVE CAREFULLY READ ALL OF THE INFORMATION ON THIS FORM AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE CAMPER AND UNDERSTAND THAT THE INFORMATION, TERMS, AND CONDITIONS CONTAINED ON THIS FORM SHALL SERVE AS A RELEASE AND ASSUMPTION OF LIABILITY FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS.

Signature: (Mother, Father or Legal Guardian)

Date:

2018 Summer Camp Registration Form

Camper's Name: (Last) _____ (First) _____	Office Use Only: Identification Number: _____	Date Rec'd: _____ Staff Initials: _____
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Mark an X under the 'Select' column to indicate the camp(s) or Extended Camp you are signing up for.

Week 1 | June 11 - June 15

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Shoebox Math	121601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: Artful Antics	048611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Minecraft	169602	Dover	9am-12 pm	\$94.50	
3rd-5th	Camp-on-Campus: Artful Antics	048612	Dover	1-4 pm	\$94.50	
6th-8th	STEM: Minute to Win It	066603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-on-Campus: Artful Antics	048613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100601	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Week 2 | June 18 - June 22

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Shoebox Science	120601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: Fitness Infusion	133611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Mythbusters	006602	Dover	9am-12 pm	\$94.50	
3rd-5th	Camp-on-Campus: Fitness Infusion	133612	Dover	1-4 pm	\$94.50	
6th-8th	STEM: Junk Structures	088603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-on-Campus: Fitness Infusion	133613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100602	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Week 3 | June 25 - June 29

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Coding for Kids I	085601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: Volunteers R Us	141611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Brick-ology	165602	Dover	9am - 4pm	\$189	
6th-8th	STEM: Become a YouTube Sensation	173603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-on-Campus: Volunteers R Us	141613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100603	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Week 4 | July 2 - July 6 (no camps on July 4)

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Train to be an Astronaut	059601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: May the 4th be with You	164611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Code + Drone = FLY	170602	Dover	9am-12 pm	\$94.50	
3rd-5th	Camp-on-Campus: May the 4th be with You	164612	Dover	1-4 pm	\$94.50	
6th-8th	STEM: Revive DJ Camp	070603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-on-Campus: May the 4th be with You	164613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100604	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Week 5 | July 9 - July 13

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Mythbusters, Jr	030601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: Around the World	006611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Robo Camp	171602	Dover	9am - 4pm	\$189	
6th-8th	STEM: Minecraft	169603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-on-Campus: Around the Worlds	006613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100605	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Legend:



2018 Summer Camp Registration Form

Camper's Name: (Last) _____ (First) _____	Office Use Only: Identification Number: _____	Date Rec'd: _____
		Staff Initials: _____

Mark an X under the 'Select' column to indicate the camp(s) or Extended Camp you are signing up for.

Week 6 July 16 - July 20						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Coding for Kids II	090601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: Survivor	039611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Minecraft	169604	Dover	9am-12 pm	\$94.50	
3rd-5th	Camp-on-Campus: Survivor	039602	Dover	1-4 pm	\$94.50	
6th-8th	STEM: Programming & More with Raspberry Pi	174603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-on-Campus: Survivor	039613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100606	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Week 7 July 23 - July 27						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Brick-ology	165601	Dover	9am - 4pm	\$189	
3rd-5th	STEM: CSI, Delaware Tech	128602	Dover	9am-12 pm	\$94.50	
3rd-5th	Camp-On-Campus: Zombie Apocalypse	172612	Dover	1-4 pm	\$94.50	
6th-8th	STEM: Cyber Defenders	160603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-On-Campus: Zombie Apocalypse	172613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100607	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Week 8 July 30 - August 3						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Cool Math4Kids	002601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: SUPERFood for SUPERHeros	166611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Mythbusters	006604	Dover	9am-12 pm	\$94.50	
3rd-5th	Camp-on-Campus: SUPERFood for SUPERHeros	166612	Dover	1-4 pm	\$94.50	
6th-8th	STEM: Robo Camp	171603	Dover	9am - 4pm	\$189	
ALL	Extended Camp	100608	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Week 9 August 6 - August 10						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
K-2nd	STEM: Storybook Science	167601	Dover	9am-12 pm	\$94.50	
K-2nd	Camp-on-Campus: The Art of Mindfulness	168611	Dover	1-4 pm	\$94.50	
3rd-5th	STEM: Code + Drone = FLY	170604	Dover	9am-12 pm	\$94.50	
3rd-5th	Camp-on-Campus: The Art of Mindfulness	168612	Dover	1-4 pm	\$94.50	
6th-8th	STEM: Digital Photography	015603	Dover	9am-12 pm	\$94.50	
6th-8th	Camp-on-Campus: The Art of Mindfulness	168613	Dover	1-4 pm	\$94.50	
ALL	Extended Camp	100609	Dover	7:30-9 am and 4-5:30 pm	\$35.00	

Legend:



Helpful Payment Calculator

Section A:

Number of camps requested _____ x \$189.00 = _____

Number of camps requested _____ x \$94.50 = _____

Extended Camp weeks requested _____ x \$35.00 = _____

Spring Break daily camps requested _____ x \$190.00 = _____

Spring Break daily Extended Camp requested _____ x \$55.00 = _____

I am a Delaware Tech full-time employee

Total cost of camp = _____

Required Deposit

Section B:

Number of camps requested _____ x \$25.00 = _____

Total deposit due with registration = _____

Remaining Balance

Section C: Total cost of camp _____ - Total Deposit Due with Registration _____ = _____

Remaining Balance = _____

(To be paid a minimum of 10 days prior to camp start date)

Method of Payment

Name on Card _____

Card # _____ CVC# _____ Exp. Date _____

Amount Authorized _____ Cardholder Signature _____

Address _____ City _____ State _____ Zip Code _____

(List cardholder's address if different from the registering camper's mailing address.)

Office Use Only

SW # _____ Siblings: Yes No

Payments method: Cash Discover Mastercard Visa Check (# _____)

Date received: ____ / ____ / _____ Staff initials: _____

2018 Summer Camp Sibling Discount Form - \$10 discount per week for second or third child

Form MUST be submitted prior to week of camp attending.

Parent/Guardian's Name:

Second Parent/Guardian's Name:

Street Address:

City:

State:

Zip:

Phone #1:

Phone #2:

Please fill in all the items below:

(You may not use BOTH the Sibling Discount and Financial Assistance for the same week of camp)

First Camper's Name:

Last four of SS:

DOB:

Second Camper's Name:

Last four of SS:

DOB:

Third Camper's Name:

Last four of SS:

DOB:

Please check below the week(s) that sibling children will attend camp together:

(Campers must be attending the same week(s) of camp to receive discount):

- Week 1
6/11 - 6/15
- Week 2
6/18 - 6/22
- Week 3
6/25 - 6/29
- Week 4
7/2 - 7/6
- Week 5
7/9 - 7/13
- Week 6
7/16 - 7/20
- Week 7
7/23 - 7/27
- Week 8
7/30 - 8/3
- Week 9
8/6 - 8/10

Please list any special circumstances regarding your sibling discount application:

(You may attach additional pages if necessary)

I certify that the above listed children are siblings and reside in the same household.

Parent Signature:

Date:

For Office use only:

ID Camper 1 _____

Received by: _____

ID Camper 2 _____

Entered by: _____

ID Camper 3 _____

2018 Camp Financial Assistance Form

TO APPLY FOR FINANCIAL ASSISTANCE:

- Please complete this form
- Enclose your camp registration forms
- Approved applicants will be required to make a deposit of \$25 per week, per camper

PLEASE NOTE:

- Financial assistance is available for Spring Break Camp and Summer Camp
- Financial assistance is income-based
- Availability of funds varies from year to year
- Only completed applications with required documents will be considered

Camper's Name: (Last) (First) Last four of SS#: Birth Date: (Required)

Parent/Guardian's Name: (Last) (First) Last four of SS#:

Street Address: City: State: Zip:

Phone #1: Phone #2:

Additional persons in household:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

To process your application, we will need **one** of the following **for all adults in the household** to verify household income.

- 2017 Federal Income Tax Return State assistance including one of the following: (WIC, TANF, AFDC, DHCP) Social Security or disability checks (or bank statement showing amount of automatic monthly deposit)

NOTE: If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 800.829.1040.

I verify that all the information provided is correct, complete and accurate. I verify that the child is my legal dependent and lives with me and we reside in Kent County, Delaware. If my situation changes, I agree to notify the Camp Office within 10 days or my scholarship may be revoked.

Parent Signature: _____ Date: _____

Please describe any special circumstance that should be taken into consideration when reviewing your application for a summer camp financial assistance: (You may attach additional pages if necessary)

Please note:

- Financial assistance is awarded on a first-come, first-served basis.
- Financial assistance will be awarded up to the maximum cost of two weeks towards camps, including before/aftercamp; excluding a \$25 non-refundable deposit per week, per camper.
- There is a **maximum of 2 weeks/child and 4 weeks/family** for the 2018 camp season.
- Deadline for submission of all the required documentation is **May 21, 2018**.
- You are encouraged to submit all forms as early as possible.
- Financial assistance is awarded by **June 4, 2018**.

For Office use only:

Received by: _____ Date: _____

Committee Representative: _____ Financial Aid Granted: Yes No

Amount of Award: _____ Date Award / Decision Letter Mailed: _____