# 2015 Summer Camp Registration Form

All forms are available online: go.dtcc.edu/TerryCamps

- [ ] New Camper
- [ ] Returning Camper

<table>
<thead>
<tr>
<th>Office Use Only: Identification Number</th>
<th>Age:</th>
<th>Gender:</th>
</tr>
</thead>
</table>

- Camper’s Name: (Last) (First)
- Last four of SS:  
- Birth Date: (Required)

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>School Attending 2015-2016:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian email (used to confirm registration)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Work-Company Name:</th>
<th>Are there custody arrangements we should know about?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes  [ ] No. Please provide documentation if applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Parent/Guardian Name:</th>
<th>2nd Parent/Guardian Name:</th>
</tr>
</thead>
</table>

- Home Phone #:  
- Work Phone #:  
- Cell Phone #:  

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please provide the name of someone NOT listed above - parents/guardians listed above will always be contacted first)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent Guardian Consent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following individuals are authorized to pick up my child at the end of the camp day:</td>
</tr>
</tbody>
</table>

- Name:  
- Relationship:  
- Phone #:  

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Related Information:</th>
</tr>
</thead>
</table>

- Allergies:  
- Physicians Name:  
- Phone #:  

<table>
<thead>
<tr>
<th>Name of Primary Health Insurance:</th>
<th>Group Number:</th>
<th>Agreement Number:</th>
</tr>
</thead>
</table>

How did you hear about our camp?  
Opt-in to receive information about camps via e-mail by checking the box [ ]

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 • Attn: Camp Office  
100 Campus Drive, Dover, DE 19904 • Phone 302.857.1400 • Fax 302.857.1450

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

<table>
<thead>
<tr>
<th>Ethnic origin:</th>
</tr>
</thead>
</table>
| [ ] African-American  
[ ] Caucasian  
[ ] Hispanic/Latino  
[ ] Asian/Pacific Islander  
[ ] Native American/Alaskan  
[ ] Other: ____________________________ |
Summer Camp Authorization Form

Camper’s Name: ____________________________________________

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.

Medical 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).
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 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.

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 same camp. If your child is not previously enrolled in the camp, 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 via U.S. mail, fax or email at the address/number located at the bottom of the page 1 of 5 of the registration forms. The request for the transfer of a deposit must be received by the close of business on the Monday 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: ____________________________
Summer Camp T-Shirts are here!
Each camper will receive one complimentary t-shirt absolutely FREE while supplies last.

Camp t-shirt Select size(s):
- Children:  S  M  L
- Adult:    S  M  L  XL

One per camper. Please indicate size when registering online. If registering on-site or by mail, please indicate size on reservation form.

Shirts will be available for pick-up the first day of camp.

HELPFUL PAYMENT CALCULATOR BOX
Summer Camp cost per week $180 • Extended Care per week $30

Number of camps requested _____ x $180 = _________

If you’re registering for a camp during the 4th of July Week 3 (June 29 - July 2) enter the discounted rate of $144

Number of extended care weeks requested _____ x $30 = _________

= _________

Total cost for camp: _________

Payment Method:
- Cash
- Discover
- Visa
- MasterCard
- Check (Check # _________)

Make checks payable to: DTCC

Card Number: _____________________________ CVC #: _____ Exp Date: ______ Amount Authorized $ _________

Name on Card: _____________________________ Cardholder Signature: _____________________________

For billing purposes, please enter the cardholder’s address if different from the registering camper’s mailing address:

Street Address: __________________________ City: ______ State: ______ Zip: ______
To Be Completed by the College:

Camp Date(s): June 15 thru August, 19 2015

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

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

To Be Completed by Guardian:

Name of Child: ____________________________ Age: ____________

• I authorize the College to provide my child with transportation to and from the camp.

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 2015 Camp on Campus 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:
2015 Summer Camp Sibling Discount Form

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  6/15-6/19
☐ Week 2  6/22-6/26
☐ Week 3  6/29 - 7/2
☐ Week 4  7/6-7/10
☐ Week 5  7/13-7/17
☐ Week 6  7/20-7/24
☐ Week 7  7/27-7/31
☐ Week 8  8/3-8/7
☐ Week 9  8/10-8/14

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:  ________________________________
2015 Summer Camp Financial Assistance Form

To apply for financial assistance, please complete this form, enclose your registration forms and deposit. Please note that financial assistance is income-based and 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Name</th>
<th>Age</th>
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To process your application, we will need one of the following information for all adults in the household to verify household income. Please submit 2014 federal return, as well as copies of the following information when applicable:

- Last two pay stubs
- Retirement/pension income statement
- Child support statement
- Unemployment check stubs (last two)
- Social Security or disability checks (or bank statement showing amount of automatic monthly deposit)
- State assistance (WIC, TANF, AFDC, and/or DHCP)
- Self-employed: Attach schedule C or appropriate tax forms

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 my child lives with me and we reside in New Castle County, Delaware. If my situation changes, I agree to notify the Camp Program 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. Deadline for submission of all the required documentation is May 8, 2015. You are encouraged to submit all forms as early as possible. Financial assistance is awarded by May 29, 2015.

For Office use only:

Received by: _____________________________ Date: ________________

Committee Representative: __________________________ Scholarship Granted: Yes No

Amount of Award: ______________ Date Award / Decision Letter Mailed: ____________________

http://go.dtcc.edu/swCamps