Spring Break Camp
Ages 6-12
April 22-26, 2019

Don’t miss out. Register early!

Children from ages 6-12 enjoy a week of FUN and learning. In addition to camp activities, campers participate in a variety of off-campus recreation in accordance with our schedule.

What’s in Store…
• On-Campus activities including sports, games, computer instruction and more
• Off-Campus activities including skating and a trip to Herr’s Potato Chip Factory
• Make new friends and have lots of FUN!

Camp fee: $189 per week or $45 per day
Camp hours: Daily from 9 am-4 pm

Extended care: $35 per week or $10 per day
Extended care hours: 7:30 am-6 pm

To register online, visit go.dtcc.edu/CampsSW or call 302.453.3041
If registering by mail, send all forms to the Stanton Campus (address: 400 Stanton-Christiana Road Newark, DE 19713).

Note:
• Sibling discounts are not available for the Spring Break Camp.
• To apply for Financial Assistance, use the form found online.
• Completed Financial Assistance forms must be returned by April 5, 2019.

2019 Spring Break Camp Registration Form

<table>
<thead>
<tr>
<th>Camper’s Name:</th>
<th>Office Use Only: Identification Number:</th>
<th>Date Rec’d:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
<td>Staff Initials:</td>
</tr>
</tbody>
</table>

Mark an X under the ‘Select’ column to indicate the camp(s) or extended care you are signing up for.

<table>
<thead>
<tr>
<th>Ages</th>
<th>Camp Name</th>
<th>ENU</th>
<th>Campus</th>
<th>Start/End Time</th>
<th>Tuition</th>
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<td>6-12</td>
<td>Spring Break Camp- full week</td>
<td>714510</td>
<td>Stanton</td>
<td>9 am-4 pm</td>
<td>$189.00</td>
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<td>Extended Care</td>
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<td>7:30-9 am and 4-6 pm</td>
<td>$35.00</td>
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<td>$45.00</td>
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<td>6-12</td>
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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 contacted if neither Parent/Guardian #1 or Parent/Guardian #2 can be reached in an emergency)
ADDITIONAL EMERGENCY CONTACTS (Not Parent/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
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 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.
- Required 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 Policy: 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 parent/legal guardian of the camper.

Parent/Guardian Signature: _______________________________ Date: __________________________
Transportation Permission and Release Form

**Camp Date(s):**  
- Spring Break Camp - 4/22 thru 4/26  
- Summer Camp - 6/10 thru 8/23

**Details:** Variety of trips throughout New Castle County 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.

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To Be Completed by Guardian:

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Age:</th>
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<tbody>
<tr>
<td>____________________________</td>
<td>________</td>
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</tbody>
</table>

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

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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 Camp 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:  

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go.dtcc.edu/campssw