

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 that 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)

Camp 400 Stanton-Christiana Road, A 148
 Office: Newark, DE 19713
 Email: sw-camps@dtcc.edu



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

#1

Emergency Contact Authroized 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 Authroized 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 Authroized 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.
- Deposits: The twenty five dollars (\$25) 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 \$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 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: _____

Off-Campus Activities Permission and Release Form

To Be Completed by the College:

Camp Date(s): Spring Break Camp - 4/17 thru 4/21 | Summer Camp - 6/12 thru 8/11

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.

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:

2017 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 care you are signing up for.

Week 1 June 12 - June 16						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610510	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620510	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630510	Stanton	9 am - 4 pm	\$189.00	
9-12	Chess Camp (Half day only)	848509	Stanton	9 am - 12:30 pm	\$159.00	
9-12	Afternoon Camp-On-Campus	849509	Stanton	12:30 - 4 pm	\$99.00	
6-12	Extended Care	728510	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	

Week 2 June 19 - June 23						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610511	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620511	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630511	Stanton	9 am - 4 pm	\$189.00	
6-8	Bricks 4 Kidz Camp (Half day only)	726510	Stanton	9 am - 12:30 pm	\$159.00	
6-8	Afternoon Camp-On-Campus	849510	Stanton	12:30 - 4 pm	\$99.00	
9-12	Cooking Camp	767510	Stanton	9 am - 4 pm	\$189.00	
9-12	Minecraft Camp	827510	Stanton	9 am - 4 pm	\$189.00	
9-12	Recess Rocks Camp	862510	Stanton	9 am - 4 pm	\$189.00	
13-15	Creative Writing Camp	817510	Stanton	9 am - 4 pm	\$189.00	
14-17	Career Exploration Institute	854510	Stanton	7:30 am - 5:30 pm	\$299.00	
6-15	Extended Care	728511	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770410	Wilmington	9 am - 4 pm	\$189.00	
9-12	Minion Camp	840410	Wilmington	9 am - 4 pm	\$189.00	
6-12	Extended Care	728410	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

Week 3 June 26 - June 30						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610512	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620512	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630512	Stanton	9 am - 4 pm	\$189.00	
3-5	On Your Mark, Get Set, and Go!	855510	Stanton	9:30 am - 12 pm	\$129.00	
9-12	Bricks 4 Kidz Camp (Half day only)	726511	Stanton	9 am - 12:30 pm	\$159.00	
9-12	Afternoon Camp-On-Campus	849511	Stanton	12:30 - 4 pm	\$99.00	
9-12	Cyber Defenders Camp	801510	Stanton	9 am - 4 pm	\$189.00	
9-12	Basketball Camp	743510	Stanton	9 am - 4 pm	\$189.00	
13-15	Basketball Camp	743511	Stanton	9 am - 4 pm	\$189.00	
13-15	Cooking Camp	767511	Stanton	9 am - 4 pm	\$189.00	
6-15	Extended Care	728512	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770411	Wilmington	9 am - 4 pm	\$189.00	
9-12	Messy Science Camp	824410	Wilmington	9 am - 4 pm	\$189.00	
6-12	Extended Care	728411	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

Legend: NEW - Half and Full Day Specialty Camps! Camps at George Campus - Wilmington location

2017 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 care you are signing up for.

Week 4 | July 3 - July 7 (No camp on July 4)

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610513	Stanton	9 am - 4 pm	\$152.00	
8-9	Camp-On-Campus	620513	Stanton	9 am - 4 pm	\$152.00	
10-12	Camp-On-Campus	630513	Stanton	9 am - 4 pm	\$152.00	
6-8	No Bake Cooking Camp	810510	Stanton	9 am - 4 pm	\$152.00	
9-12	Chess Camp (Half day only)	848510	Stanton	9 am - 12:30 pm	\$129.00	
9-12	Afternoon Camp-On-Campus	849512	Stanton	12:30 - 4 pm	\$79.00	
9-12	Messy Science Camp	824510	Stanton	9 am - 4 pm	\$152.00	
9-12	Recess Rocks Camp	862512	Stanton	9 am - 4 pm	\$152.00	
13-15	YouTube Camp	866510	Stanton	9 am - 4 pm	\$152.00	
6-15	Extended Care	728513	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770412	Wilmington	9 am - 4 pm	\$152.00	
9-12	Computer Kids Camp	748410	Wilmington	9 am - 4 pm	\$152.00	
6-12	Extended Care	728412	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

Week 5 | July 10 - July 14

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610514	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620514	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630514	Stanton	9 am - 4 pm	\$189.00	
9-12	Chess Camp (Half day only)	848511	Stanton	9 am - 12:30 pm	\$159.00	
9-12	Afternoon Camp-On-Campus	849513	Stanton	12:30 - 4 pm	\$99.00	
9-12	Minecraft Camp	827511	Stanton	9 am - 4 pm	\$189.00	
9-12	Incredible Edible Art Camp	725510	Stanton	9 am - 4 pm	\$189.00	
9-12	Cheerleading Camp	753510	Stanton	9 am - 4 pm	\$189.00	
13-15	Renewable Energy Camp	724510	Stanton	9 am - 4 pm	\$189.00	
6-15	Extended Care	728514	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770413	Wilmington	9 am - 4 pm	\$189.00	
9-12	Coding for Kids Camp	700410	Wilmington	9 am - 4 pm	\$189.00	
14-17	Career Exploration Institute	854410	Wilmington	7:30 am - 5:30 pm	\$299.00	
6-12	Extended Care	728413	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

Legend: NEW - Half and Full Day Specialty Camps! Camps at George Campus - Wilmington location

2017 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 care you are signing up for.

Week 6 July 17 - July 21						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610515	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620515	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630515	Stanton	9 am - 4 pm	\$189.00	
3-5	On Your Mark, Get Set, and Go!	855511	Stanton	9:30 am - 12 pm	\$129.00	
9-12	Bricks 4 Kidz Camp (Half day only)	726513	Stanton	9 am - 12:30 pm	\$159.00	
9-12	Afternoon Camp-On-Campus	849514	Stanton	12:30 - 4 pm	\$99.00	
9-12	Minecraft Camp	827512	Stanton	9 am - 4 pm	\$189.00	
9-12	Incredible Edible Art Camp	725511	Stanton	9 am - 4 pm	\$189.00	
13-15	Intro to Drones Camp	730510	Stanton	9 am - 4 pm	\$189.00	
6-15	Extended Care	728515	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770414	Wilmington	9 am - 4 pm	\$189.00	
9-12	Digital Editing Camp	819410	Wilmington	9 am - 4 pm	\$189.00	
6-12	Extended Care	728414	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

Week 7 July 24 - July 28						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610516	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620516	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630516	Stanton	9 am - 4 pm	\$189.00	
6-8	Minion Camp	840511	Stanton	9 am - 4 pm	\$189.00	
9-12	Bricks 4 Kidz Camp (Half day only)	726514	Stanton	9 am - 12:30 pm	\$159.00	
9-12	Afternoon Camp-On-Campus	849515	Stanton	12:30 - 4 pm	\$99.00	
9-12	Cooking Camp	767512	Stanton	9 am - 4 pm	\$189.00	
9-12	Dance Camp	746510	Stanton	9 am - 4 pm	\$189.00	
13-15	Harry Potter Camp	864510	Stanton	9 am - 4 pm	\$189.00	
14-17	Career Exploration Institute	854511	Stanton	7:30 am - 5:30 pm	\$299.00	
6-15	Extended Care	728516	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770415	Wilmington	9 am - 4 pm	\$189.00	
9-12	Messy Science Camp	824411	Wilmington	9 am - 4 pm	\$189.00	
6-12	Extended Care	728415	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

Legend: NEW - Half and Full Day Specialty Camps! Camps at George Campus - Wilmington location

2017 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 care you are signing up for.

Week 8 July 31 - August 4						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610517	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620517	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630517	Stanton	9 am - 4 pm	\$189.00	
3-5	On Your Mark, Get Set, and Go!	855512	Stanton	9:30 am - 12 pm	\$129.00	
6-8	Bricks 4 Kidz Camp (Half day only)	726515	Stanton	9 am - 12:30 pm	\$159.00	
6-8	Afternoon Camp-On-Campus	849516	Stanton	12:30 - 4 pm	\$99.00	
9-12	Cyber World Camp	857510	Stanton	9 am - 4 pm	\$189.00	
9-12	Messy Science Camp	824511	Stanton	9 am - 4 pm	\$189.00	
9-12	Flag Football Camp	856510	Stanton	9 am - 4 pm	\$189.00	
13-15	Cupcake Challenge	858510	Stanton	9 am - 4 pm	\$189.00	
6-15	Extended Care	728517	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770416	Wilmington	9 am - 4 pm	\$189.00	
9-12	No Bake Cooking Camp	810410	Wilmington	9 am - 4 pm	\$189.00	
6-12	Extended Care	728416	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

Week 9 August 7 - August 11						
Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610518	Stanton	9 am - 4 pm	\$189.00	
8-9	Camp-On-Campus	620518	Stanton	9 am - 4 pm	\$189.00	
10-12	Camp-On-Campus	630518	Stanton	9 am - 4 pm	\$189.00	
9-12	Chess Camp (Half day only)	848512	Stanton	9 am - 12:30 pm	\$159.00	
9-12	Afternoon Camp-On-Campus	849517	Stanton	12:30 - 4 pm	\$99.00	
9-12	Minecraft Camp	827514	Stanton	9 am - 4 pm	\$189.00	
9-12	Cupcakes with Kids Camp	838511	Stanton	9 am - 4 pm	\$189.00	
9-12	Basketball Camp	743512	Stanton	9 am - 4 pm	\$189.00	
13-15	Basketball Camp	743513	Stanton	9 am - 4 pm	\$189.00	
13-15	Crime Scene Investigation Camp	766510	Stanton	9 am - 4 pm	\$189.00	
14-17	Career Exploration Institute	854512	Stanton	7:30 am - 5:30 pm	\$299.00	
6-15	Extended Care	728518	Stanton	7:30 - 9 am and 4 - 6 pm	\$35.00	
6-12	Camp-On-Campus	770417	Wilmington	9 am - 4 pm	\$189.00	
6-12	Bricks 4 Kidz Camp (Half day only)	726410	Wilmington	9 am - 12:30 pm	\$159.00	
6-12	Afternoon Camp-On-Campus	849410	Wilmington	12:30 - 4 pm	\$99.00	
6-12	Extended Care	728417	Wilmington	7:30 - 9 am and 4 - 6 pm	\$35.00	

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Helpful Payment Calculator

Section A:

Number of camps requested _____ x \$299.00 = _____
 Number of camps requested _____ x \$189.00 = _____
 Number of camps requested _____ x \$159.00 = _____
 Week 4 Camp - Number of camps requested _____ x \$152.00 = _____
 Number of camps requested _____ x \$129.00 = _____
 Number afternoon (pm) Camp-on-Campus requested _____ x \$99.00 = _____
 Week 4 Camp - Number afternoon (pm) Camp-on-Campus requested _____ x \$79.00 = _____
 Extended care weeks requested _____ x \$35.00 = _____
 Spring Break daily camps requested _____ x \$45.00 = _____
 Spring Break daily extended care requested _____ x \$10.00 = _____

I am a Delaware Tech full-time employee

Total cost of camp = _____

Required Deposit

Section B:

Number of camps requested _____ x \$25.00 = _____
 Number of extended care weeks requested _____ x \$35.00 = _____

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: _____