

## 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

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### 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)*

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### 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 400 Stanton-Christiana Road, A 148  
Office: Newark, DE 19713  
Email: sw-camps@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 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 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 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:**

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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 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 care you are signing up for.

### Week 1 | June 11 - June 15

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
4-5	Minion	840511	Stanton	9:30 am-12 pm	\$129.00	
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	
9-12	Basketball/Beginners	743511	Stanton	9 am-4 pm	\$189.00	
9-12	Chess	848511	Stanton	9 am-12 pm	\$159.00	
9-12	Cooking 101	767511	Stanton	9 am-12 pm	\$159.00	
9-12	PM Camp-On-Campus	849511	Stanton	12-4 pm	\$99.00	
10-12	Camp-On-Campus	630511	Stanton	9 am-4 pm	\$189.00	
13-15	CSI/Crime Scene Investigation	766511	Stanton	9 am-4 pm	\$189.00	
6-15	Extended Care	728511	Stanton	7:30-9 am and 4-6 pm	\$35.00	

### Week 2 | June 18 - June 22

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610512	Stanton	9 am-4 pm	\$189.00	
6-8	SUPERheroes & SUPERyou	875512	Stanton	9 am-4 pm	\$189.00	
8-9	Camp-On-Campus	620512	Stanton	9 am-4 pm	\$189.00	
9-12	Incredible Edible Art	725512	Stanton	9 am-12 pm	\$159.00	
9-12	PM Camp-On-Campus	849512	Stanton	12-4 pm	\$99.00	
9-12	Robo Engineers	755512	Stanton	9 am-4 pm	\$189.00	
9-12	Ultimate Handball	860512	Stanton	9 am-4 pm	\$189.00	
10-12	Camp-On-Campus	630512	Stanton	9 am-4 pm	\$189.00	
13-15	Let's #ash it Out!	865512	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	770412	Wilmington	9 am-4 pm	\$189.00	
9-12	SUPERfood for SUPERyou	874412	Wilmington	9 am-4 pm	\$189.00	
6-12	Extended Care	728412	Wilmington	7:30-9 am and 4-6 pm	\$35.00	
14-17	3-D Printer	890502	ITC	9 am-4 pm	\$279.00	
14-17	Extended Care	728502	ITC	7:30-9 am and 4-6 pm	\$35.00	

### Week 3 | June 25 - June 29

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
4-5	CompuKids	748513	Stanton	9:30 am-12 pm	\$129.00	
6-7	Camp-On-Campus	610513	Stanton	9 am-4 pm	\$189.00	
8-9	Camp-On-Campus	620513	Stanton	9 am-4 pm	\$189.00	
9-12	Code+Drone=FLY!	731513	Stanton	9 am-12 pm	\$159.00	
9-12	Minecraft	827513	Stanton	9 am-4 pm	\$189.00	
9-15	PM Camp-On-Campus	849513	Stanton	12-4 pm	\$99.00	
9-12	Recess Rocks	862513	Stanton	9 am-4 pm	\$189.00	
10-12	Camp-On-Campus	630513	Stanton	9 am-4 pm	\$189.00	
13-15	Wizards Book of Recipes & Secrets	863513	Stanton	9 am-12 pm	\$159.00	
6-15	Extended Care	728513	Stanton	7:30-9 am and 4-6 pm	\$35.00	
6-8	Science of Storybook Classics	877413	Wilmington	9 am-4 pm	\$189.00	
9-12	Camp-On-Campus	770413	Wilmington	9 am-4 pm	\$189.00	
9-12	No Bake Cooking Camp	810413	Wilmington	9 am-4 pm	\$189.00	
6-12	Extended Care	728413	Wilmington	7:30-9 am and 4-6 pm	\$35.00	
14-17	ReInvent Yourself	891503	ITC	9 am-4 pm	\$279.00	
14-17	Extended Care	728503	ITC	7:30-9 am and 4-6 pm	\$35.00	

**Legend:** Stanton Campus Camps    Wilmington Campus Camps    Innovation and Technology Center Camps

## 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 care you are signing up for.

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

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610514	Stanton	9 am-4 pm	\$152.00	
6-8	Cookie Camp-ions	873514	Stanton	9 am-12 pm	\$129.00	
6-8	PM Camp-On-Campus	849514	Stanton	12-4 pm	\$79.00	
8-9	Camp-On-Campus	620514	Stanton	9 am-4 pm	\$152.00	
9-12	Blogging: Tell Your Story!	876514	Stanton	9 am-4 pm	\$152.00	
9-12	First Responders	868514	Stanton	9 am-4 pm	\$152.00	
9-12	Softball	861514	Stanton	9 am-4 pm	\$152.00	
10-12	Camp-On-Campus	630514	Stanton	9 am-4 pm	\$152.00	
13-15	Get Fired Up about Fire Safety	869514	Stanton	9 am-4 pm	\$225.00	
6-15	Extended Care	728514	Stanton	7:30-9 am and 4-6 pm	\$35.00	
6-12	Camp-On-Campus	770414	Wilmington	9 am-4 pm	\$152.00	
9-12	Digital Storytellers	878414	Wilmington	9 am-4 pm	\$152.00	
6-12	Extended Care	728414	Wilmington	7:30-9 am and 4-6 pm	\$35.00	

### Week 5 | July 9 - July 13

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
4-5	On Your Mark, Get Set, and Go!	855515	Stanton	9:30 am-12 pm	\$129.00	
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	
9-12	Incredible Edible Art	725515	Stanton	9 am-12 pm	\$159.00	
9-12	Minecraft	827515	Stanton	9 am-4 pm	\$189.00	
9-12	PM Camp-On-Campus	849515	Stanton	12-4 pm	\$99.00	
10-12	Camp-On-Campus	630515	Stanton	9 am-4 pm	\$189.00	
11-15	Basketball/ Advanced	853515	Stanton	9 am-4 pm	\$189.00	
13-15	Shark Tank	809515	Stanton	9 am-4 pm	\$189.00	
6-15	Extended Care	728515	Stanton	7:30-9 am and 4-6 pm	\$35.00	
6-8	Brick-ology	779415	Wilmington	9 am-4 pm	\$189.00	
9-12	Camp-On-Campus	770415	Wilmington	9 am-4 pm	\$189.00	
9-12	Messy Science	824415	Wilmington	9 am-4 pm	\$189.00	
6-12	Extended Care	728415	Wilmington	7:30-9 am and 4-6 pm	\$35.00	

### Week 6 | July 16 - July 20

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610516	Stanton	9 am-4 pm	\$189.00	
6-8	Minecraft	827516	Stanton	9 am-4 pm	\$189.00	
8-9	Camp-On-Campus	620516	Stanton	9 am-4 pm	\$189.00	
9-12	Chess Camp	848516	Stanton	9 am-12 pm	\$159.00	
9-12	Flag Football	856516	Stanton	9 am-4 pm	\$189.00	
9-12	Healthy Eating Makeover	871516	Stanton	9 am-12 pm	\$159.00	
9-12	PM Camp-On-Campus	849516	Stanton	12-4 pm	\$99.00	
10-12	Camp-On-Campus	630516	Stanton	9 am-4 pm	\$189.00	
13-15	Robo Engineers	724516	Stanton	9 am-4 pm	\$189.00	
6-15	Extended Care	728516	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	Get Your Dance On	746416	Wilmington	9 am-4 pm	\$189.00	
6-12	Extended Care	728416	Wilmington	7:30-9 am and 4-6 pm	\$35.00	
14-17	#NailedIt!	893506	ITC	9 am-4 pm	\$279.00	
14-17	Extended Care	728506	ITC	7:30-9 am and 4-6 pm	\$35.00	

**Legend:** Stanton Campus Camps    Wilmington Campus Camps    Innovation and Technology Center Camps

## 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 care you are signing up for.

### Week 7 | July 23 - July 27

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
4-5	Animal Kingdom	850517	Stanton	9:30 am-12 pm	\$129.00	
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	
9-12	Minecraft	827517	Stanton	9 am-4 pm	\$189.00	
9-12	SPIRIT Squad	753517	Stanton	9 am-4 pm	\$189.00	
9-12	Wizards in Training	864517	Stanton	9 am-4 pm	\$189.00	
10-12	Camp-On-Campus	630517	Stanton	9 am-4 pm	\$189.00	
13-15	Cookie Couture	873517	Stanton	9 am-12 pm	\$159.00	
13-15	PM Camp-On-Campus	849517	Stanton	12-4 pm	\$99.00	
6-15	Extended Care	728517	Stanton	7:30-9 am and 4-6 pm	\$35.00	
6-8	Computer Kids	748417	Wilmington	9 am-4 pm	\$189.00	
9-12	Camp-On-Campus	770417	Wilmington	9 am-4 pm	\$189.00	
9-12	No Bake Cooking	810417	Wilmington	9 am-4 pm	\$189.00	
6-12	Extended Care	728417	Wilmington	7:30-9 am and 4-6 pm	\$35.00	
14-17	Engine Overhaul	894507	ITC	9 am-4 pm	\$279.00	
14-17	Extended Care	728507	ITC	7:30-9 am and 4-6 pm	\$35.00	

### Week 8 | July 30 - August 3

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
6-7	Camp-On-Campus	610518	Stanton	9 am-4 pm	\$189.00	
6-8	Recess Rocks	862518	Stanton	9 am-4 pm	\$189.00	
8-9	Camp-On-Campus	620518	Stanton	9 am-4 pm	\$189.00	
9-12	Brick-ology	779518	Stanton	9 am-4 pm	\$189.00	
9-12	Code+Drone=FLY!	731518	Stanton	9 am-12 pm	\$159.00	
9-12	Recess Rocks	862528	Stanton	9 am-4 pm	\$189.00	
9-15	PM Camp-On-Campus	849518	Stanton	12-4 pm	\$99.00	
10-12	Camp-On-Campus	630518	Stanton	9 am-4 pm	\$189.00	
13-15	Apps, Salads, Entrees and More!	870518	Stanton	9 am-12 pm	\$159.00	
6-15	Extended Care	728518	Stanton	7:30-9 am and 4-6 pm	\$35.00	
6-12	Camp-On-Campus	770418	Wilmington	9 am-4 pm	\$189.00	
9-12	App Adventure	729418	Wilmington	9 am-4 pm	\$189.00	
6-12	Extended Care	728418	Wilmington	7:30-9 am and 4-6 pm	\$35.00	

### Week 9 | August 6 - August 10

Ages	Camp Name	ENU	Location	Start/End Time	Tuition	Select
4-5	Science of Storybook Classics	877519	Stanton	9:30 am-12 pm	\$129.00	
6-7	Camp-On-Campus	610519	Stanton	9 am-4 pm	\$189.00	
8-9	Camp-On-Campus	620519	Stanton	9 am-4 pm	\$189.00	
9-12	Chess Camp	848519	Stanton	9 am-12 pm	\$159.00	
9-12	Minecraft	827519	Stanton	9 am-4 pm	\$189.00	
9-15	PM Camp-On-Campus	849519	Stanton	12-4 pm	\$99.00	
9-12	Soccer	740519	Stanton	9 am-4 pm	\$189.00	
10-12	Camp-On-Campus	630519	Stanton	9 am-4 pm	\$189.00	
13-15	International Cuisine	872519	Stanton	9 am-12 pm	\$159.00	
13-15	Soccer	740529	Stanton	9 am-4 pm	\$189.00	
6-15	Extended Care	728519	Stanton	7:30-9 am and 4-6 pm	\$35.00	
6-8	Pint-size Science	824419	Wilmington	9 am-4 pm	\$189.00	
9-12	Camp-On-Campus	770419	Wilmington	9 am-4 pm	\$189.00	
9-12	Lights, Camera, Action!	788419	Wilmington	9 am-4 pm	\$189.00	
6-12	Extended Care	728419	Wilmington	7:30-9 am and 4-6 pm	\$35.00	

# Helpful Payment Calculator

## Section A:

Number of camps requested \_\_\_\_\_ x \$279.00 = \_\_\_\_\_  
Number of camps requested \_\_\_\_\_ x \$189.00 = \_\_\_\_\_  
Number of camps requested \_\_\_\_\_ x \$159.00 = \_\_\_\_\_  
Week 4 Camp - Number of camps requested \_\_\_\_\_ x \$152.00 = \_\_\_\_\_  
Week 4 Camp - Number of camps requested \_\_\_\_\_ x \$225.00 = \_\_\_\_\_  
Number of camps requested \_\_\_\_\_ x \$129.00 = \_\_\_\_\_  
Number afternoon (pm) Camp-on-Campus requested \_\_\_\_\_ x \$99.00 = \_\_\_\_\_  
Week 3 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 = \_\_\_\_\_

**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.)*

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## Office Use Only

SW # \_\_\_\_\_ Siblings:  Yes  No

Payments method:  Cash  Discover  Mastercard  Visa  Check (# \_\_\_\_\_)

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Staff initials: \_\_\_\_\_



# 2018 Summer Camp Sibling Discount Form - \$15 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 in New Castle County.**

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 New Castle 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/aftercare; 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: \_\_\_\_\_