

# Giddens School

inspiring children to better their world

## 2010 Summer Blast Camp for students entering grades K-5

	<u>Week &amp; Theme</u> (One \$50 deposit required)	<u>Full Day</u> 9:00am- 3:00pm \$225	<u>Am</u> <u>Ext. Care</u> 7:30am- 9:00am \$40	<u>PM</u> <u>Ext. Care</u> 3:00pm- 6:00pm \$60
<b>1</b>	June 28-July 2 <u>Critters and Creatures</u>			
<b>2</b>	July 6-July 9 <u>Countries and Cultures</u>			
<b>3</b>	July 12-July 16 <u>Stories and Writing</u>			
<b>4</b>	July 19-July 23 <u>Exciting Experiments</u>			
<b>5</b>	July 26-July 30 <u>Comedy and Drama</u>			
<b>6</b>	August 2-August 6 <u>Music and Movement</u>			
<b>7</b>	August 9-August 13 <u>World of Numbers</u>			
<b>8</b>	August 16-August 20 <u>Sports and Games</u> Aug. 20 <sup>th</sup> ½ day ending @ 12:30			

There is a TWO WEEK MINIMUM registration (consecutive weeks are preferred but not required).

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

Address: \_\_\_\_\_

phone #: \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_ Current Giddens Family \_\_\_\_ New Giddens Family

\_\_\_\_ Non-Giddens Family \_\_\_\_ Alum Family

In consideration of Giddens School accepting my child for enrollment in the summer program, I authorize the school to take my child on such field trips or excursions away from the properties of the school as the teachers and other authorized personnel and agents of the school deem advisable or appropriate. In the event of apparent ill health or injury to my child, I authorize the school to provide, at the parents'/ guardians' expense, first aid or other assistance as may seem appropriate. In case of emergency the school will consult the designated physician and / or the nearest emergency room physician.

I agree to the fees and terms outlined in the Summer Program information and registration materials. I understand that I will be billed for all care signed up for on the registration form, and that **these charges will not be refunded** if I decide not to participate in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I am applying for Financial Assistance

**You will be charged for all days signed up for on the registration form. These charges are not refundable.**

# of weeks (full day) regular camp \_\_\_\_\_ @ \$225 = \_\_\_\_\_

# of weeks AM extended care \_\_\_\_\_ @ \$40 = \_\_\_\_\_

# of weeks PM extended care \_\_\_\_\_ @ \$60 = \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### OFFICE USE ONLY

Financial Aid ( \_\_\_\_\_ %) ( \_\_\_\_\_ )

**TOTAL CREDIT:** ( \_\_\_\_\_ )

**DEPOSIT:** ( \_\_\_\_\_ )

**AMOUNT TO BE BILLED:**