

NHES Summer Camp 2024 Registration

Child #1:

First _____ Last _____ Gender: Male __ Female__
Current Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____

Child #2:

First _____ Last _____ Gender: Male __ Female__
Current Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Cell Phone _____
E-mail _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Cell Phone _____
E-mail _____

Emergency Contact Information & Alternate Pickup/Release

First Name _____ Last Name _____ Cell Phone _____
Email _____ Relation to child _____

Please list people permitted to pick up your child:

1: _____ 2: _____ 3: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

NHES Summer Camp 2024 Registration

All camps will be held from 8am - 2:30pm. Please pack a snack, lunch and water bottle.

Please check **your selected camps:**

June 3rd - 7th

June 10th - 14th

June 17th - 21st

June 24th - 28th

Summer Camp Payment and Deadlines:

Each camp is \$350. Send registration form back to NHES and you will be billed through FACTS. If a camper is no longer able to attend for any reason, you will be refunded the total minus \$50. Camps require a minimum of 8 registrants in order to take place. Camps are open to current K - 5 NHES students and close friends and relatives.

Camp Tuition Total: _____

Photo Release

I hereby give permission for my child to be photographed during the NHES Summer Camps. I understand the photos may be used to keep a journal of activities, to share for promotional purposes like on social media. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of NHES.

Parent Initials: _____

Terms of Agreement

New Horizons Elementary School is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent Signature: _____ Date: _____