



Please be sure to read and complete all portions of the registration form.

***FAMILY INFORMATION**

MOTHER (OR ADULT HOUSEHOLD MEMBER IF ANY)

Last Name: _____

First Name: _____

Home Phone #: _____

Business #: _____

Cell #: _____

E-mail: _____

FATHER (OR ADULT HOUSEHOLD MEMBER IF ANY)

Last Name: _____

First Name: _____

Home Phone #: _____

Business #: _____

Cell #: _____

E-mail: _____

Are there any special circumstances that the camp should be aware of relating to the family?

***MAILING ADDRESS OF FAMILY:**

Street: _____ Apt #: _____

City, State: _____ Postal Code: _____

***STUDENT/CHILD INFORMATION**

Child's First Name: _____

Last Name: _____

Gender: M F Ethnicity: B W H A
Other _____

Age: _____ DOB: ____/____/____
MM DD YYYY

Last grade completed: _____

Who does child reside with: _____

Child's First Name: _____

Last Name: _____

Gender: M F Ethnicity: B W H A
Other _____

Age: _____ DOB: ____/____/____
MM DD YYYY

Last grade completed: _____

Who does child reside with: _____

Child's First Name: _____

Child's First Name: _____

Last Name: _____

Last Name: _____

Gender: M F Ethnicity: B W H A
Other _____

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Other _____

Age: _____ DOB: ____/____/____
MM DD YYYY

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MM DD YYYY

Last grade completed: _____

Last grade completed: _____

Who does child reside with: _____

Who does child reside with: _____

2.

***SECONDARY CONTACT (if above cannot be reached):**

Name _____ Relationship: _____

Phone #: (____) _____ Cell # (____) _____

*****Please note that if there are any special custody arrangements the camp must have all necessary paperwork on file in the camp office. (ex: custodial and non custodial) Name of participants in Summer Tech Camp Program**

***HEALTH INFORMATION**

****Please complete this information to the best of your knowledge. Please inform the summer camp registrar in writing of any changes to your child's health prior to their arrival.*

Child's Name: _____ **Health Card #:** _____

Family Doctor: _____ **Phone #:** _____

Please list any medication that your child will be taking at camp, and the dosage:

All medication must be in its original container with all instructions attached. You will be required to fill out a medication administration document before your child attends camp.

Are there any activity restrictions while your child is at camp? _____

Are there any special behavioral considerations that the camp should be aware of in order to facilitate your child's experience? _____

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***TRANSPORTATION INFORMATION**

Transportation will only be provided for field trips only during Summer Tech Camp hours.

***CHECK-IN/CHECK-OUT**

All participants must arrive during the scheduled arrival and departure times. Every member will need to be signed in and out by the responsible parent/guardian. Please do not drop off your child. For the safety of your child no participant will be allowed to depart the site on his/her own. All campers must be checked out by an adult. If a participant is going to be absent from summer camp, notification to the Summer Camp Office is required. Contact (210) 639-4537.

***PAYMENT**

Payment is due in full for registration made by cash or money order, no personal checks. ***Payments options are only made online for camp fee.***

***REFUNDS & CANCELLATIONS**

Refund and Cancellation Policy:

Our cancellation policy has been created due to increased demand for available camper space and to insure fairness to all who wish to attend our Summer Camp. \$75 Registration Fee per child is due at the time of registration in order to secure your camper's seat in the Summer Camp. This is a non-refundable Registration Fee. You can receive A full refund of the Camp Fee if you cancel by April 23rd. You can receive 50% refund of the Camp Fee if you cancel by May 21st. Past May 21st, there is **NO** refund allowed, however, 50% of the Camp Fee can be used towards a future Summer Camp.

***MEALS**

Meals are free.

***SUMMER TECH CAMP T-SHIRT**

Every child will receive one free T-Shirt. If lost T-Shirt price is \$6.00.

Please disclose child's T-Shirt size. Youth _____ Adult _____

***PARENT'S AUTHORIZATION**

_____ I am aware that my child must follow the rules and regulations of the summer camp program and may be terminated from Summer Tech Camp if he or she does not comply.

_____ I hereby give consent for my child to participate in the full Summer Tech Camp program and all activities unless I advise you in writing. I give permission for Academy of Careers & Technologies (Summer Tech Camp) to use any photograph my child is in for promotional material.

Grant Permission Do Not Grant Permission Parent/Guardian Initials: _____

_____ To the best of my knowledge, my child is in good health and I will notify the camp if she/he is exposed to any infectious diseases.

_____ Summer Tech Camp is not responsible for any personal items that are lost, stolen or damaged while attending summer camp.

_____ I reviewed the application and all the information provided is accurate and true. I agree to the terms and conditions.

Parent/Guardian Signature

Date

Tech -4-Tots is an entity of the Texas Department of State Health Services Licensing and Regulations of Texas Youth Summer Camp.

***COMMENTS AND CONCERNS**

Parent's comments and questions are always welcome. Tech 4 Tots Staff should be notified of any concerns or difficulties regarding a child's care or any aspect of the program. The employee receiving the complaint will attempt to resolve any problems, if possible. If the

employee is unable to resolve a problem, a referral will be made to the appropriate supervisor staff member for resolution. Parents are encouraged to discuss their concerns and seek resolution in a mature manner and in private when possible. Inappropriate exchanges of anger between adults should not be displayed in front of the children.

The late fee per child is as follows:

<u>Times</u>	<u>Fees</u>
After 6:10	\$10.00 per child
After 6:30	\$25.00 per child
After 7:00	<i><u>*If no phone call</u></i> has been received CPS will be notified.

*** PARENT'S ACKNOWLEDGEMENT ***

Parent's Name, please print

Date

Parent's Signature

Date

Campus Coordinator's Signature _____ Date _____

***FINAL CHECKLIST**

Please read the following carefully to ensure that your registration is processed correctly.

- All sections of the registration form **must** be completed.
- Please ensure that you have signed where indicated in the parent's Authorization section.
- Please ensure that Summer Tech Camp has all the appropriate information to help your child have a successful stay.
- Any changes to your child's health information need to be communicated to the site **IN WRITING** before your child starts.

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Absences & Withdrawals Policy:

The Directors reserve the right to dismiss any camper whose influence and conduct becomes detrimental to the best interests of the program. No refunds will be made for dismissed campers or withdrawals. We are a nonprofit organization and any forfeiture of the Registration Fee will be put in our General Donation Fund.