

DELRAN CUBS S.T.E.A.M. UP SUMMER CAMP 2017

REGISTRATION FORM

Child's Information:

Child's Full Name	Nickname	Child Size for T-shirt (circle one) XS S M L XL
Grade for September 2017	Age	Date of Birth
Home address:		

Parent(s)/Guardian(s) Information:

Parent/Guardian Name	Cell/Priority phone number	Work/secondary number	Primary email address
Parent/Guardian Name	Cell/Priority phone number	Work/secondary number	

Please log in to your Realtime Parent Portal to ensure that your child's emergency contact and medical information is up-to-date. Parent Initial: _____

*Campers may be photographed at camp and photos used on the school website and the district's social media accounts. **Please check the appropriate statement below.**

- My child's photograph may be used. My child's photograph may NOT be used.

Does your child have any allergies and/or intolerances to food, medication or any other substances?	Does your child require medication during the camp day (9am to 3pm)?
Please provide information on any chronic physical problems, pertinent developmental information and any special accommodations (504/IEP) needed. Attach additional sheets if necessary.	

Transportation Arrangements (select one)

- My child will require bus transportation to & from the address listed above
- My child will be dropped off & picked up. In addition to parents and emergency contacts listed in Realtime, I authorize the following people to pick up my child.

Authorized Person for Pick-Up	Cell Phone Number

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PAYMENT FORM

CAMPER LAST NAME: _____, FIRST NAME: _____

Week	Cost Per	Total
First Camp Week: Please Circle Week 1: 7/10-7/13 Week 2: 7/17-7/20 Week 3: 7/24-7/27 Week 4: 7/31-8/3	\$225 for the first week (\$205 if registration is received before 4/7/17)	
Discounted Additional Camp Weeks: Please Circle Week 2: 7/17-7/20 Week 3: 7/24-7/27 Week 4: 7/31-8/3	\$205 each additional week	
Discounted Sibling Camp Week(s): Please Circle Week 1: 7/10-7/13 Week 2: 7/17-7/20 Week 3: 7/24-7/27 Week 4: 7/31-8/3	\$205 each sibling week	
TOTAL DUE (Make check payable to Delran Board of Education)		

Make check payable to Delran Board of Education and in the subject line *Delran Cubs STEAM Up Summer Camp*, mail or drop off the registration to DHS Main Office (attention Mrs. Hutchinson & Mrs. DeMichele), or send the registration in an envelope to your child's school, and it will be sent to DHS.

Snail Mail details:

Delran Cubs STEAM Up Summer Camp
 Attention: Mrs. Hutchinson/Mrs. DeMichele
 Delran High School
 50 Hartford Road, Delran, NJ 08075

I understand and agree to comply with all STEAM Camp policies and procedures. I understand that the STEAM Camp policies and procedures are available on the STEAM Camp page on the district website, and that a copy will be emailed to the email address I provided above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Registration Checklist

Incomplete registrations will not be accepted, and will not hold a place for your child.

- Registration Form (one for each child)
- Payment Form (one per family)
- Check payable to Delran Board of Education (see mailing address above)

Early bird deadline- April 7, 2017

Final deadline (All applicants)- June 2, 2017

You will receive an email notification when your completed paperwork and payment are received.