

Program Enrollment Form Summer Camp

Age groups
 2 years 3-4 years
 5-6 years 7-9 years
 11-13 years

Date _____

Participant's name _____ Birthdate _____ Male Female

Participant's name _____ Birthdate _____ Male Female

Participant's name _____ Birthdate _____ Male Female

Parent #1

Name _____
 Daytime phone _____
 Cell/pager (circle one) _____
 Daytime e-mail _____

Parent #2

Name _____
 Daytime phone _____
 Cell/pager (circle one) _____
 Daytime e-mail _____

If we cannot reach you or in the event of an emergency, list **two** persons who have permission to pick up your child or act on your behalf if we cannot reach you:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List **one** out-of-state contact whom we may notify in the event of an earthquake or other disaster:

Name _____ Phone _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Allergies or pertinent medical conditions _____



Child's physician name _____ Physician phone _____

Medical permission: I hereby give permission that myself or my child/ren may be given emergency treatment, to include first aid and CPR, by a qualified staff member at Encompass. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for myself or my child/ren by our regular health-care provider or, when that health-care provider cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child/ren's health and I cannot be contacted. I also give permission for my child/ren to be transported by ambulance, aid car or the named alternate persons (see reverse) to an emergency center for treatment. In case of emergency, children will be transported to the nearest hospital as determined by the emergency medical team. If I cannot be reached in case of serious injury or illness, I authorize Encompass to procure any medical treatment and/or hospital care for my son/daughter, and I assume responsibility for any subsequent costs.

Accept Not Accept Date _____

Please turn form over and fill out back side

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Please read the following permission text carefully!

Participant name(s) _____

Transportation, sunscreen and cancellation policies

I understand that children will be transported by the Mount Si Community Shuttle Bus and/or the Encompass van each day of Golf Camp and for some local trips in the 7 to 9 year-old full-day camps.

Accept Not Accept Date _____

I understand that Encompass staff are not allowed to apply sunscreen. Please apply sunscreen to your child as you see fit for summer camp. Keep in mind that we will be in the sun for much of the camp time.

Accept Not Accept Date _____

I understand that:

1. Cancellations before June 1 will receive a full refund, less a \$15 processing fee per camp.

2. Cancellations two weeks prior to the start date of any camp will receive a 50 percent refund per camp.



3. Cancellations less than two weeks prior to the start date of any camp will receive no refund.

Accept Not Accept Date _____

Summer Camp schedule: Please fill in your camp choices

	Morning camp name	Afternoon camp name	Extended care
Week _____	_____	_____	<input type="checkbox"/>
Week _____	_____	_____	<input type="checkbox"/>
Week _____	_____	_____	<input type="checkbox"/>
Week _____	_____	_____	<input type="checkbox"/>
Week _____	_____	_____	<input type="checkbox"/>
Week _____	_____	_____	<input type="checkbox"/>
Week _____	_____	_____	<input type="checkbox"/>
Week _____	_____	_____	<input type="checkbox"/>

Thank you for your responses. We're glad you're part of Encompass!