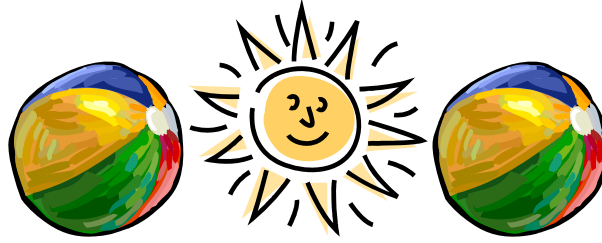


Peoples Settlement Association
ROCKY RUN & PSA DAY CAMP

408 East 8th Street
Wilmington, DE 19801
(302) 658-4133 Fax (302) 658-7406
www.psassociation.org



JUNE 16 THROUGH AUGUST 15, 2008

6:30 a.m. to 5:30 p.m. Monday through Friday

Date: _____

CIRCLE ONE PLEASE (BELOW)

ROCKY RUN CAMP (AGES 5YRS – 13YRS – MUST HAVE COMPLETED KINDERGARTEN)
PSA CAMP (AGES 3YRS TO 5YRS – POTTY TRAINED)

Full name of applicant _____
First M.I. Last

Full address _____

M/F _____ Date of Birth _____ Age: _____ T- Shirt Size M L XL

Last grade completed _____ Previous camper Y or N

How did you find out about us? _____

****Full payment is needed before each week or session** Parents are responsible for absent days****

Parent/Guardian Information

Name _____
First Last Relationship

Home address _____
Street Apt# City State Zip

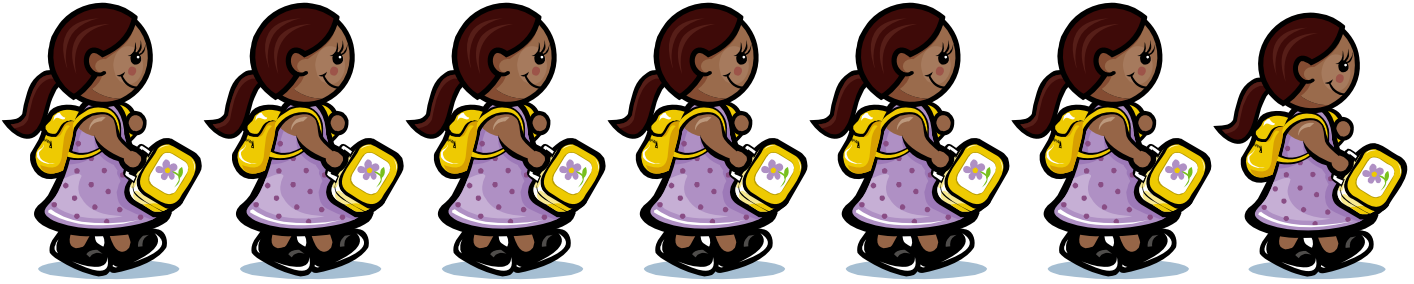
Home Phone _____ Work Phone _____ Cell# _____

E-Mail _____

Computer and television time – no more than 1 hour of educational programs daily (unless special program being provided)

_____ parent signature





Walking Trip/Field Trip Permission Slip

My child _____ has permission to accompany his/her class at Peoples Settlement Association/Rocky Run Camp on neighborhood walks and field trips. I understand that the children will be properly supervised, and that I will be informed ahead of time as to the times of departure and return of field trips.

(Parent signature)

(Date)

I understand my child need to wear closed toe shoe or sneakers only flip flops or open toed shoes are not allowed at any time.



I am fully aware the bus for my child to attend field trips does not have seat belts

parent/guardian

Authorized person must be at least 18 yrs old



Authorized Pick Up

Child's Name: _____

Who is authorized to pick up your child: (Children will only be released to the listed individuals. All persons authorized MUST BE 18 yrs or older with valid I.D. For security purposes we will not accept phone calls for permission to release a child to an unauthorized person (Someone not listed).

Children are not permitted to walk home.

Parent Signature _____ Date _____

Authorized Pick Up List

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____
4. _____ Relationship _____ Phone _____
5. _____ Relationship _____ Phone _____
6. _____ Relationship _____ Phone _____

**ALL CHANGES OR ADDITIONS MUST BE MADE AT THE OFFICE
(NO PHONE CALLS WILL BE ACCEPTED)**

Only the persons listed above can pick up students



STUDENTS NAME _____

PHYSICIAN'S NAME _____ Phone _____



Medical Release Form

In the event of a medical emergency I, _____ the parent/guardian of _____ do authorize Peoples Settlement Association to seek medical treatment for my child.

I agree to assume all expenses for moving and medically treating my child. My consent includes any treatment deemed necessary. Including but not limited to surgery, diagnostic procedures, or the administering of anesthesia.

I understand every attempt will be made to contact me at the numbers listed on the application. This agreement will remain in effect as long as my child is in attendance at Peoples Settlement Association.

PLEASE LIST ANY ALLERGIES OR MEDICINES NEEDED BELOW

ALLERGIES

MEDICATIONS NEEDED (DURING CAMP TIME)

ALL (MEDICATIONS MUST BE BROUGHT TO THE OFFICE –INCLUDING ASTHMA PUMPS/INHALERS****

A medication form must be filled out before any medication is administered – medicine must be in its original container & must be prescribed by a licensed physician
(Medical prescription must be submitted to the office before medicine dispensed)**no exceptions**

Parent/guardian signature _____ Date _____

