

CAMP APPLICATION

Additional forms are available in the Business Office and at www.camp.gcds.us

Use one application per child. A medical examination form must be on file in the Nurse's Office prior to the opening of camp. **NO CHILD MAY START CAMP UNTIL HIS/HER COMPLETED MEDICAL FORM HAS BEEN RECEIVED. This includes GCDS students.**

Five Weeks

- Lower Camp \$2,350
 Upper Camp \$2,550

Date

- 06/28-07/29

Four Weeks

- Lower Camp \$2,000
 Upper Camp \$2,200

Choice of Dates

- 06/28-07/22
 07/06-07/29

Three Weeks

- Lower Camp \$1,500
 Upper Camp \$1,650

Choice of Dates

- 06/28-07/15
 07/06-07/22
 07/12-07/29

Two Weeks

- Lower Camp \$1,000
 Upper Camp \$1,100

Choice of Dates

- 06/28-07/08
 07/06-07/15
 07/12-07/22
 07/19-07/29

Children entering grade 1 in the fall of '10 should enroll in the Upper Camp.

Boy Girl

Name of Camper

Date of Birth (mm/dd/yy)

Age (as of June 1, 2010)

Current School

Current Grade Placement ('09-'10)

Mother's Name

Father's Name

Home Address

City

Zip

Home Tel.

Cell Phone Mother

Cell Phone Father

Email

Bus. Tel. Mother

Bus. Tel. Father

Name of local person to be notified in case of emergency if parents cannot be reached.

Tel.

It is agreed that the Camp, in consultation with a parent, may require the withdrawal of any camper who, in the opinion of the staff of the Camp, is considered to be inconsistent with or detrimental to the general welfare of the group. It is further agreed that the camper is enrolled for the entire camp period. No adjustment will be made for delayed attendance. For any withdrawal prior to May 1 there will be a \$250 non-refundable process fee. If the camper is withdrawn after May 1, no refund of tuition will be made, regardless of the subsequent absence, withdrawal, or dismissal from the Camp of the above camper. PERMISSION TO USE PHOTOGRAPHS: I hereby give The Greenwich Country Day School permission to use photographs of my child in school publications and promotional literature. HOLD HARMLESS CLAUSE: I give permission for my child, named above, to take part in any and all activities authorized by The Greenwich Country Day School. This includes sports and any trips that may be made away from the School. I release the School from any liability for any accident in connection with these activities. I also agree to indemnify the School for any loss or expenses which it may incur or damages it may be required to pay as a result of any claim which is submitted by or on behalf of my child named above. Accident insurance is the sole responsibility of the parent. The Greenwich Country Day School cannot insure campers for personal injury due to accident. GCDS students who elected accident insurance during the 2009-10 school year are covered under that policy during the camp session. Parents of students from other schools should review the accident plans they may have selected at their child's school. In the absence of accident insurance, the parent's family medical insurance is the primary insurance coverage for personal injury due to accident.

X

Signature of parent or guardian responsible for fees

Date

Mail application and fees (payable to The Greenwich Country Day School) to:

The Greenwich Country Day School
 Summer Camp
 P.O. Box 623
 Greenwich, CT 06836-0623

NOTE: In an effort to accommodate grouping requests, please use the following two spaces for your first and/or second pairing request. 1st: _____
 _____, 2nd: _____