



2018 Project Adventure Registration

Student Information

First Name _____ Last Name _____ Initial _____
Date of Birth _____ Grade Entering _____ School _____ T-Shirt Size _____

Parent or Legal Guardian Information

First Name _____ Last Name _____ Initial _____
Address _____
Employer _____
Home Phone # _____ Cell # _____ Work # _____
Email _____ Relationship _____

First Name _____ Last Name _____ Initial _____
Address _____
Employer _____
Home Phone # _____ Cell # _____ Work # _____
Email _____ Relationship _____

Enrollment

Summer Camp enrollment is weekly. Priority will be given to students who enroll for the entire summer program.
Please check the weeks your child will be attending camp.

Week of July 2nd-6th

_____ Innovation Lab (1-3) _____ Super Hero Training (1-3) _____ Time Travelers (4-6) _____ Worldly Mythology (4-6) _____ Tech Squad (7-9)

Week of July 9th-13th

_____ Sports Unlimited (1-3) _____ Discover the Wild Side (1-3) _____ Super Hero Training (4-6) _____ STEAM (4-6) _____ Master Chef (7-9)

Week of July 16th-20th

_____ Fantastic Beasts (1-3) _____ Exploratopia (1-3) _____ Chop Chop Cooking (4-6) _____ Sports Unlimited (4-6) _____ Dungeons & Dragons (7-9)

Week of July 23rd-27th

_____ Mighty Jungle (1-3) _____ Scratch Programming (1-3) _____ Build It (4-6) _____ Destination Imagination Training (4-6) _____ Survivor (7-9)

Week of July 30th- August 3rd

_____ Swashbuckling Pirates (1-3) _____ Construction Camp (1-3) _____ Traveling Artist (4-6) _____ Survivor (4-6) _____ STEAM (7-9)

Pre/Post Camp (no additional fee)

Our family will need Pre Camp Care (7:30-8:30) _____ Post Camp (4:30-5:00) _____

Payment Options

Payment for the first week is due with registration. Payment is due for the remaining weeks on the Friday prior to the start of camp.

A 5% Discount will be given for payment in full when registration is given.

Please select the payment tier (based on free or reduced lunch) your family qualifies for.

Full Lunch Rate \$145.00/Week _____ Reduced Lunch Rate \$90.00/Week _____

Free Lunch Rate \$45.00/Week _____ Non-Resident Rate \$175.00/Week _____

I give my permission for Keene Food Services to share my financial information with the program.

Parent Signature



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Emergency Contact & Alternative Pick Up Information

You are required to list at least one person with whom you would feel comfortable leaving your child with, and who could assume responsibility for your child if you could not be reached immediately in an emergency or if for some reason you could not pick your child up and were unable to communicate with the program. It is also required to have an alternative pick up person listed. Please list anyone who you foresee picking your child up from our program. Please note that if someone comes to pick your child up without being listed on this form we will not release your child without written permission or phone call to the program.

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Emergency Contact Alternative Pick Up

Emergency Contact Alternative Pick Up

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Emergency Contact Alternative Pick Up

Emergency Contact Alternative Pick Up

Release Forms

Media Release:

____ I give my consent ____ I do not give my consent

To Project Edventure to use my child's photograph and/or comments to publicize Project Edventure. I understand that such photographs and/or remarks could appear in program brochures or flyers, on the website, and in the other news media, this may include social media.

Parent/Guardian Signature _____

Date _____

Field Trip Permission:

I give permission for my child to participate in Project Edventure field trips scheduled during the camp.

Parent/Guardian Signature _____

Date _____

Walking Permission:

Occasionally we will be taking off-site excursions for exercise and to explore the surrounding area. Students are always accompanied by staff who are CPR/First Aid certified and carry appropriate emergency equipment. Students should wear or bring comfortable walking shoes and clothes. I give my child permission to go on off-site walks with Project Edventure staff.

Parent/Guardian Signature _____

Date _____

Medical Information

If your child carries an epi pen or inhaler one must be given to the camp on the first day your child attends. All medication must be in its original container with your child's name clearly written.

Is there any additional physical/emotional information you would like us to know about your child?

Child's Primary Physician _____ Phone _____

Emergency Medical Treatment

I hereby give permission for the staff of Project Edventure to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency treatment to my child if warranted. I understand that I will be contacted by Project Edventure personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature _____

Date _____