

THE HIDE OUT *summer* CAMP 2012

49 Mohegan Road ~ Shelton, CT 06484 ~ 203 929-0744 ~ Fax: 203 929-2566 ~ e-mail: Hide.Out@sbcglobal.net

A Summer to Remember!!!

- *SPECIAL EVENTS * SPECIAL GUESTS * DAY TRIPS *
* COOKOUTS *
* ATHLETICS * ARTS & CRAFTS * WATERSLIDE BOUNCE ***

- SESSION 1 - June 18 ~ June 22
- SESSION 2 - June 25 ~ June 29
- SESSION 3 - July 2 ~ July 6 ~ 4 day session ~ same price
- SESSION 4 - July 9 ~ July 13
- SESSION 5 - July 16 ~ July 20
- SESSION 6 - July 23 ~ July 27
- SESSION 7 - July 30 ~ August 3
- SESSION 8 - August 6 ~ August 10
- SESSION 9 - August 13 ~ August 17



BONUS

Sign up your child(ren) for all 9 sessions, and receive a \$50.00 credit per child on your session #9 bill.

CLOSED: Wednesday, July 4, 2012
CLOSED: August 20 ~ 24, 2012

Please indicate hours needed:

6:30-12:30 ___ 6:30-4:30 ___ 6:30-6:30 ___ 8:30-12:30 ___
12:30-6:30 ___ 8:30-4:30 ___ 8:30-6:30 ___ 12:30-4:30 ___

Child's Name: _____ Age: _____ Grade: _____ as of 9/2012
Parent's Name: _____ Phone: _____

*A NON-REFUNDABLE \$150.00 per child deposit is required with your child's registration to ensure your child's placement in our summer program. This will be applied to the last session reserved, providing all elected sessions were paid for in full.

All campers MUST purchase a camp T-shirt. The T-Shirts this year are **orange and black tie dye**. The cost is \$13.00 per shirt which must be paid for at time of registration. T-SHIRT SIZE:

Child: _____ S(4-6) _____ M (8-10) _____ L (12-14)
Adult: _____ S _____ M _____ L

COMPLETE THE BACK SIDE REGISTRATION IN FULL

THE HIDE OUT REGISTRATION
SUMMER CAMP 2012

D.O.E. _____

Family Information

Child

Name _____
Address _____

D.O.B. _____
Age _____ Yrs _____ Months
Grade _____ as of Sept 2012

Mother

Name _____
Address _____

Employer _____
Address _____

Phone _____
Email _____

Phone _____
Cell _____

Father

Name _____
Address _____

Employer _____
Address _____

Phone _____
Email _____

Phone _____
Cell _____

SESSIONS: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____

Please check your
time selection

6:30-12:30 _____
12:30-6:30 _____

6:30-4:30 _____
8:30-4:30 _____

6:30-6:30 _____
8:30-6:30 _____

8:30-12:30 _____
12:30-4:30 _____

Emergency / Medical Information

Emergency/Alternate Pick Up: The following listed people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time.

(Name)	(Relationship to Child)	(Phone #'s)
1. _____	_____	_____
2. _____	_____	_____

Physician: Name _____

Phone # _____

Insurance: Carrier _____

Policy # _____

Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____. I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ Date _____