



Psychological Wellness Center Mindfulness Camp Registration Form

CAMPER INFORMATION

First Name: _____ Last Name: _____

Male Female Birthdate _____ / _____ / _____ Grade Entering: _____
MONTH DAY YEAR

Address: _____ Unit/Apt. _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN #1

Full Name: _____

Address (If Different): _____

City: _____ St: _____ Zip: _____

Cell Phone: _____

Alt. Phone: _____

Email: _____

PARENT/GUARDIAN #2

Full Name: _____

Address (If Different): _____

City: _____ St: _____ Zip: _____

Cell Phone: _____

Alt. Phone: _____

Email: _____

WHO IS AUTHORIZED TO PICK UP CAMPER:

Please list full name(s) and relationship to camper and phone number(s):

NAME	RELATIONSHIP	PHONE NUMBER	ALT. PHONE NUMBER

HEALTH:

Please list **any** current or recurring health concerns (e.g. asthma, diabetes, headaches, recurring sinus infections, gastrointestinal discomfort, seizures, convulsions, skin problems, heart disease, cancer):

Please list any known allergies your child may have: _____

Does your child have any dietary restrictions? _____

Are there any activities from which the camper should be restricted? _____

Please list if your camper wears any medical appliances (glasses, contact lenses, orthodontures, etc.)?

Are there any psychological factors that we should be aware of (e.g. ADHD, ASD, anxiety, fears, depression, etc.)?

What would you like our camp to help your child accomplish? (please list any program related skills such as improving social/emotional/coping/interpersonal skills):

Please describe if there have been any significant changes in your home or with your family over the past year:

Will your camper require any medication while at camp?

Yes No If yes, Please list medication(s): _____

IF MEDICATION IS REQUIRED, IT MUST COME IN THE ORIGINAL CONTAINER WITH USAGE/DOSAGE INSTRUCTIONS CLEARLY PRINTED ON LABEL. A DOCTOR'S NOTE SIGNED BY BOTH PHYSICIAN AND PARENT MUST ALSO BE SENT STATING MEDICAL NECESSITY AND DOSING INSTRUCTIONS.

WAIVER, RELEASE, & CONSENT

Acknowledging that participating in regular, daily activities can sometimes carry a risk or injury. I agree that Psychological Wellness Center and its agents shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in activities at Psychological Wellness Center. I hereby discharge Psychological Wellness Center and its agents from actions, claims, and demands I or my child may have for any such damage.

Parent/guardian Name: _____ Relationship: _____

Signature: _____ Date: _____

I do hereby authorize that all of the provided information is correct and my child is able to participate in camp at Psychological Wellness Center. I agree to notify the camp of any changes in my child's physical or mental health between the dates of enrolment and the end of camp. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached immediately, I hereby give permission to the camp leader to secure proper treatment, which may include hospitalization and following subsequent recommendations made by any treating physicians (e.g. surgery, medications). I hereby authorize and consent the administration of all medical treatments advisable or necessary under the judgment of any clinical physicians required in emergency with the understanding that I will be notified as soon as possible.

Parent/guardian Name: _____ Relationship: _____

Signature: _____ Date: _____

SESSION AND PAYMENT INFORMATION

Please indicate the date(s) your child will attend:

June 20th – July 3rd, 2020 (\$300)

July 27th – July 31st, 2020 (\$300)

--Register before 5/22/20 to receive a \$50 Tuition Discount--

Cost of Camp: **\$300 per week**
 Plus \$50 registration fee (nonrefundable; payable upon submission of this form)*

*The remainder of tuition is due 30 days before camp starts. (\$50 tuition discount provided to early registration's received by 5/22/20).

Fees are payable by:

cash (please submit with this registration form in sealed envelope directly to Psychological Wellness Center Associate)

check (please include along with this registration form, payable to "Psychological Wellness Center")

credit card (indicate below)

Mastercard

Visa

Discover

Amex

Name on Card: _____

Credit Card Number: _____

Expiration: ____ / ____ Security Code: _____ Billing Zip: _____

Charge Full Balance: *(If no, remainder will be charged 30 days prior to beginning of camp)*

Yes

No

Fee Policies

- Camp ends promptly at 12:00 p.m. A grace period for pick up will be permitted until 12:05 PM. Parents are required to notify the Camp as soon as possible if they are unable to arrive by pick-up time. If a child remains in the camp past 12:05, a late fee of \$3/minute will apply using clocks at camp site.
- The registration fee of \$50 is non-refundable
- Camp balance is due 30 days prior to starting of camp
- Cancellations and refunds:
 - If cancellation occurs more than two weeks prior to start of camp full refund (minus registration fee given)
 - If cancellation occurs within two weeks prior to start of camp no refunds will be provided

Parent/guardian Name: _____ Relationship: _____

Signature: _____ Date: _____