

# 2024 ALDRICH SUMMER CAMP ENROLLMENT FORM

All children that are attending Aldrich this school year are eligible to attend 2024 Summer Camp at Aldrich! Children will be grouped by age during the summer camps.



Summer Camp Enrollment will begin on Monday, March 18. To enroll, please complete the enrollment form and return it to the office with the full tuition payment for each registered week. If for some reason you need to disenroll, you must notify Aldrich in writing by May 1<sup>st</sup>. After May 1<sup>st</sup> refunds will only be given if we are able to fill your child's spot with someone from the waiting list.

Space is extremely limited, so sign up for best selection.

## \* 2024 SUMMER PROGRAM THEMES \*

**Camps run Monday through Thursday, 9:00am-11:30am**  
**\$120/week per child**

\* Check all boxes that you are registering for \*

<b>WEEK 1:</b> <b>June 17-20</b>	<b>A BUG'S LIFE:</b> What is creepy, crawly, wiggly and squiggly? BUGS! Join us as we adventure into the world of insects. We will learn all about bugs through outdoor exploration, music, stories, and crafts.
<b>WEEK 2:</b> <b>June 24-27</b>	<b>ART EXPLOSION:</b> Get ready to be creative! Art is all around us! We will see where we can find art and all of the different ways to make our own. Using several different mediums and indoor and outdoor settings, we will put our minds to the test and see what we can create!
<b>WEEK 3:</b> <b>July 8-11</b>	<b>LITTLE PALEONTOLOGISTS:</b> Imagine yourself as a paleontologist – exploring and digging to learn about dinosaurs and the earth! What will you discover?
<b>WEEK 4:</b> <b>July 15-18</b>	<b>THE GREAT OUTDOORS:</b> Ready to take a trip Up North? Let's have fun as we experience the joys of Minnesota nature, wildlife and summer traditions.

## \* CHILD INFORMATION \*

<b>CHILD'S NAME (First &amp; Last):</b>			
<b>BIRTHDATE (MM/DD/YY):</b>			
<b>NAME I WANT YOU TO CALL MY CHILD:</b>			
<b>STREET ADDRESS, CITY, STATE &amp; ZIP:</b>			
<b>PRIMARY PHONE #:</b>			
<b>CHILD'S PHYSICIAN:</b>		<b>PHYSICIAN'S PHONE #:</b>	

**Please read the following terms and conditions. By signing below, I acknowledge acceptance of these terms and conditions:**

- I acknowledge that if my child has special health and/or developmental needs, it is my responsibility to inform the school of such and also of the current services being used. Aldrich, in turn, will inform parents whether special needs can be met.
- I give permission for my child to be included in any pictures and/or videos which may be used at Aldrich or in Aldrich promotional materials, such as newspaper articles, informational brochures, and/or the school website. Any such photography will be done under the supervision of the school staff and the children's names will NOT be included.
- In the case of an emergency, Aldrich will call 911 and attempt to contact me immediately. I give permission to Aldrich School to act in an emergency situation when I cannot be reached or there will be a delay in my arrival.
- Children should only attend Aldrich if they are healthy and able to participate in all portions of the regularly scheduled day, Parents will complete a health screening each day before bringing them to camp.

Signature:		Date:	
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**\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\***

OFFICE USE ONLY	DATE:		PYMT AMT:		CHECK #:	
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<b>CHILD'S NAME (First &amp; Last):</b>	
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Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Has your child tried peanut products? YES NO Any reaction? \_\_\_\_\_

Has your child been stung by a bee? YES NO Reaction? \_\_\_\_\_

Does your child require an INHALER? YES NO

Does your child require an EPI-PEN? YES NO

Any medications given regularly? YES NO Please name: \_\_\_\_\_

Any significant medical history? \_\_\_\_\_

Language spoken in home: \_\_\_\_\_

Is your child potty trained? (it is not required) Yes No Comments: \_\_\_\_\_

Classroom at Aldrich in 2023-2024 school year: \_\_\_\_\_

Any additional information about your child you feel we should know?

**\*\*PLEASE NOTE: We will use the Parent/Guardian Information and Emergency Contact Information we currently have on file.**

**You only need to complete the following section if you have additions to make for Emergency Contacts for Summer Camp.**

**\* EMERGENCY CONTACTS INFORMATION \***

These must be **LOCAL** contacts, **OTHER THAN PARENTS or GUARDIANS**, who can assume temporary responsibility for your child if you cannot be reached.

**Emergency contacts have permission to pick up this child.** State requires a **complete** street address.

EMERGENCY CONTACT 1 (State Requirement)
NAME:
ADDRESS:
PHONE #:

EMERGENCY CONTACT 1 (State Requirement)
NAME:
ADDRESS:
PHONE #: