

Timmerman School

Summer Camp Sessions Application

Activity Fee: \$150 per student (Due with application)

Circle your session

May 26-June 27

June 29- July 31

August 3-21

Cost

\$725 (\$145 a week)

\$725 (\$145 a week)

\$435 (\$145 a week)

Closed Friday, July 3

Only available for Timmerman Students enrolled for 2020-2021

Child: (Please Print)

Name: (First) _____ (Last) _____ Age: _____

Last Grade Completed: _____ Birth Date: ____/____/____

Parents:

Mother's Name: (First) _____ (Last) _____

Address: _____ City _____

Zip code _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: (First) _____ (Last) _____

Address: _____ City _____

Zip code _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact: (neither Mother nor Father)

Name: _____ Relationship: _____

Home Phone: _____ Work or Cell Phone: _____

Doctor:

Name: _____ Phone: _____

In case of emergency, Timmerman School has permission to seek medical attention for my child,
(name of student) _____

Signature _____ Date _____ (over)

Hospital Preference _____

Does your child have any allergies? _____ Yes _____ No

List All: _____

Does your child have any special medical needs? _____ Yes _____ No

List All: _____

All maintenance medications must be signed in at Room 5. Staff will not administer medication without a doctor's orders.

Name of Health / Accident Insurer: _____

Does your child have any dietary restrictions? _____ Yes _____ No

List All: _____

By accepting this contract, I understand that space is reserved for my child for the summer of 2020, and that I am responsible for the full amount of the session/sessions that I selected. The weekly cost is \$145 for Timmerman Students (enrolled for 2020-2021) . Fees are payable weekly and due whether or not my child attends for the entire session.

Parent's Signature: _____ Date: _____

My child, _____, has my permission to take part in all activities of Timmerman School Summer Camp. This includes transportation to and from any activity or field trip under the supervision of Timmerman School personnel. I understand that my child must arrive and depart all field trips on Timmerman approved transportation with Timmerman personnel, and will attend all field trips with his or her class.

Parent's Signature: _____ Date: _____

ASummer Activity Fee must accompany the Application. We cannot reserve your child's space without the payment of this Activity Fee.

Each child must provide the following forms: Immunization (1148 OR 1125), 2900 DSS Health Form and Medical Release Form or follow DHEC infectious diseases exclusion policies.

The following people are authorized to pick-up my child from Timmerman School:

Name	Driver's License# & State
1. _____	_____
2. _____	_____
3. _____	_____