REGISTRATION & $ 150 DEPOSIT due by MAY 20, 2014

Balance due by first day of camp.

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Greek Immersion Summer Camp

2014 Registration Form

June 16th – June 20st & June 23rd – June 27th

Camp hours: 9am – 3pm

Camp fees: **$275 per week (includes breakfast, lunch and snack)**

second child/sibling is $175.00, third child/sibling is $75.00

optional before-care (7:30 – 9:00am): $25 per week

optional after-care (3:00 –5:30pm): $32 per week

before & after-care charges are only assessed for the FIRST child, as there is no charge for siblings

Please check all applicable fields:

*Attending June 16th– June20th _______________

for the week of June 16th: ________before-care ________after-care

*Attending June 23rd– June 27th _____________

for the week of June 27th: ________before-care ________after-care

Camper's Full Name: ____

Date of birth: _________________ Grade in 2013/2014 school year: _____

Home Phone #:_____________________________ Primary Cell #:______________________

Primary Guardian(s):____

Address: ____

City: ___________________________________ State: ________ Zip: _______________

Email: ____

Custody Agreement in Effect (copy must be provided):

YES NO

Copy of this agreement has been provided to Odyssey Charter School: YES NO

Parent/Guardian Signature: _______________________________________ Date: _______________

☼ $150 DEPOSIT REQUIRED

We can accept no more than 130 students. First come, first served.

Please make checks payable to "Odyssey Charter School."

To pay by credit card, please call the Upper School at (302)655-5760.

An invoice will be sent to you for the remaining payment due by first day of camp. If attending two weeks, second weeks' payment is due by the first day of that week.
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Emergency contacts if parent/guardian cannot be reached:

1._____ Phone #:_____

Name Area Code and Number

Relationship_____ Cell #:_____

2._____ Phone #:_____

Name Area Code and Number

Relationship_____ Cell #:_____

Family Physician:_____

Phone #:_____

Family Dentist:_____

Phone#:_____

Child Release Information

The following persons are authorized to pick up my child(ren) from the OCS Greek Camp:

_____ _____

Name Relationship

_____ _____

Name Relationship

_____ _____

Name Relationship

PHOTOGRAPH CONSENT FORM
Summer 2014

From time to time, the Odyssey Charter School receives requests from the media to publicize its educational programs and student activities. The school administration also may like to photograph, quote, and videotape our students for use in school publications such as the yearbook, newsletters, calendars, and more. Please read the selections below and check one of the boxes to give consent for us to photograph your child or to decline.

Child's Name_____

Grade in 2013-2014 school year_____

PLEASE SELECT ONLY ONE OPTION BELOW:

_____I give my child permission to be photographed, videotaped, interviewed, or filmed by the media and school administration for ALL school and media use as well as for promotional or educational/training materials.

_____I give my child permission to be photographed for SCHOOL USE ONLY such as the class picture and yearbook.

_____I DO NOT give permission for my child to be photographed, videotaped, or interviewed at any time. I do understand my child will not be a part of the yearbook and class picture.

_____ _____

Parent Signature Date

ODYSSEY CHARTER SCHOOL – SUMMER SCHOOL/CAMP EMERGENCY INFORMATION

Student Name:_____ **Birth Date:** _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:

1._____

(Name) (Relationship) (Daytime Phone) (Home Phone)

2. _____

(Name) (Relationship) (Daytime Phone) (Home Phone)

Primary Physician:_____ Phone: _____

Please list all MEDICATIONS taken on a daily basis: _____

Please list ASTHMA, and/or other **MEDICAL CONDITIONS:**_____
Emergency Action Plan**: (staff cannot administer medications)**

_____

Please list all ALLERGIES, severity, symptoms of reaction, and treatment: _____

_____

✱I understand that I am responsible for checking food labels/ assuring foods provided at camp for snacks or meals are safe for my child or I will send in safe alternatives.

✱I understand there is no nurse on duty and staff cannot administer medications

Signature of Parent:_____ **Date:** _____