



Dates July 9-13, 2018

Open to All Children ages 4 thru 13.

Vacation Garden School is sponsored by

All Saints Episcopal Church,

46 Cherry Street,

Danvers, MA

978-774-1150 allstoffice@gmail.com

A week of fun and learning featuring water, animals, soil, seeds and harvest. Through songs, art, games, stories and hands on learning, your child will be encouraged to become a caretaker of water, animals, soil, seeds and harvest.

Campers-ages 4-8 will attend from 9AM-11:45 AM and will be paired with Junior Counselors- registration is limited to 15 Campers

Junior Counselors -ages 9-13 will attend from 9AM-12NOON.

Registration is limited to 5 Junior Counselors. After the morning session, the Junior Counselors will reflect on that day's experiences.

All Saints Episcopal Church
2018 Vacation Garden School Application

Rates for Campers and Junior Councilors: \$75.00 per week first Child, Sibling discount 2nd Child \$60.00, Sibling discount 3rd Child \$50.00, Family Rate 4 or more Siblings \$185.00. Parish members will receive a 25% tuition discount..

There are no daily rates or credits for missed days.

Fee includes a Garden Vacation School Tee Shirt and daily snack

I have read and understand the financial obligations listed above and agree to meet them.

Parent/Guardian _____ Date: _____

Family Information-one per family

Parent/Guardian _____ E-Mail _____

Address _____ City _____ Zip _____

Phone Number _____ Work Phone _____ Cell Phone _____

Parent/Guardian _____ E-Mail _____

Address _____ City _____ Zip _____

Phone Number _____ Work Phone _____ Cell Phone _____

Emergency and Pick Up Authorization

Persons authorized to pick up or be contacted in an emergency if I/we cannot be reached. Any extra contacts can be attached on a separate piece of paper.

1. Name _____ Relation to Child _____

Phone Number _____ Work Phone _____ Cell Phone _____

Emergency: ___ Yes ___ No Pick Up: ___ Yes ___ No

2. Name _____ Relation to Child _____

Phone Number _____ Work Phone _____ Cell Phone _____

Emergency: ____Yes ____No Pick Up: ____ Yes ____No

Child's Information-one per child

Child's Name _____ Grade Entering _____ Age _____

Address _____ City _____ Zip _____

Camper (age 4-8) _____ Junior Councilor (age 9=12) _____

Tee Shirt Size 6-8 _____ 10-12 _____ 14-16 _____ Adult S _____ Adult M _____

Medical Information

Chronic Illness (asthma, diabetes, seizures etc.) _____

Prescription Medication _____

If any medication needs to be administered during camp a doctor's note must be provided.

Allergies _____

Dietary Restrictions _____

Emergency Release

As parent/guardian, I hereby consent to whatever treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, physical impairment, dental diagnosis or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Insurance information: _____

Primary Doctor: _____ Phone: _____

Parent/Guardian _____ Date: _____

Other

Is there any you would like us to know about your child (likes, dislikes etc.) _____

Picture/Video Authorization

I/we authorize All Saints Episcopal Church Vacation Garden School to publish photos and videos of my child taken during Vacation Garden School in

Local Newspapers Yes No

All Saints Newsletter Yes No

All Saints Web page Yes No

All Saints Facebook page Yes No

Parent/Guardian Signature _____

Date _____