**2018**

License # 426215276 \* 501(C) # 77-0138239

**SMPCW Summer Camp Registration Form**

**Child Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ O Male O Female

Child Last Name First Name Birth Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Street Address City Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Names Home Phone / Cell Phone \* circle preferred phone # to teach child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Email Address, (for confirmation purposes only)

What is your preferred method of contact to receive confirmation? \_\_Email \_\_Phone, (circle preferred number) \_\_ Mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language spoken at home

**Camp Session Information:**

Please select **all** sessions interested in attending. Program 1,3,4,5 and 6 run from 9 am.-12:30pm, Monday – Friday (Session 2 is only 4 days – there will be no camp on Tuesday July 4th.)

**\_\_\_Session  1**   JUNE 25 to 31 – **Science!:**compost, bugs, garden heroes, worms, bee keeper visit   
**\_\_\_Session  2\***  JULY 2 to 6 – **Construction!:**building, working with tools, special guest visitors  
**\_\_\_Session  3** JULY 9 to 13 – **Science!:**solar graphics, crystals, black lights and glow in the dark  
**\_\_\_Session  4**   JUL Y 16 to 20 – **Cooking!:**making crackers, butter, noodles, ice cream and more  
**\_\_\_Session  5** JULY 23 to 27 – **Art!:**batik prints, leaf sand, paper making and more!  
\_\_\_**Session  6** JULY 30 to AUGUST 3 – **Science!:**magnetic goop, kaleidoscopes, bubble, volcanos

Please reserve your child's space by returning this form and camp fee to SMPCW.

Once your request is received you will be e-mailed enrollment confirmation along with additional program information and enrollment forms.

**All payments should be made out to San Marcos Parent-Child Workshop (SMPCW)**

**and mailed/delivered to**

**SMPCW @ 400 Puente Drive, Suite A, Santa Barbara, CA 93110**

**Field Trips and Photography Permission:**

**Field trips** are part of the curriculum for the children at SMPCW. Most of the field trips we will take are walking field trips close to school. If a field trip involves transportation by car, a notice will be posted in advance and a parent is welcome to provide the transportation for his/her child.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a child attending SMPCW . I give / or do not give permission for my above named child to participate in school field trips. (Please circle preference.)

Signature \_\_\_\_\_\_\_\_­­­\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation** of SMPCW curriculum and events, through both photography and videos, will be performed thought out the camps. The purpose is to record the membership and capture images that represent the curriculum, demographic, and events that happened over summer. Some images will be used on the SMPCW website, posted on ParentSquare and included in promotional paperwork.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a child attending SMPCW. I give / do not give permission for my above named child to be photographed and videotaped for school related records and promotional purposed. (Please circle preference.)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical and Emergency Information**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Physician’s Name Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact- Name/ Relationship Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/ Medications? Physical, Social, or Emotional Limitations

**Additional medical history forms will be requested once camp registration is confirmed.**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Person Authorized to Pick Up Child, (other than parent) Phone

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Person Authorized to Pick Up Child, (other than parent) Phone

In case of medical emergency, if I cannot be reached, I give SMPCW permission to seek and provide any medical treatment to insure the well-being of my child.

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Additional program information and forms will be mailed upon receiving a completed registration application.