

2025 PD Day and Spring Break Camp Registration Form



Student Name _____ Age _____ School _____

Address _____ Zip _____

Select camp:

8am-3pm	January 31, 2025 \$75.00; \$45.00	March 7, 2025 \$75.00; \$45.00	March 31, 2025 \$75.00; \$45.00	June 6, 2025 \$75.00; \$45.00
8am-12pm	February 13-14, 2025 \$150.00; \$90.00	March 21, 2025 \$75.00; \$45.00	April 21-25, 2025 \$350.00; \$210.00	June 26, 2025 \$75.00; \$45.00
11am-3pm	February 28, 2025 \$75.00; \$45.00	March 24-28, 2025 \$350.00; \$210.00	May 16, 2025 \$75.00; \$45.00	June 27, 2025 \$75.00; \$45.00
Before camp care from 7.30am till 8am \$15/day			After camp care from 3pm till 4pm \$25/day	

1st Parent/Guardian: _____ Cell Phone: _____ E-Mail: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

_____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____ Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:

Date:



Parent Authorization Form

Please print all information clearly

Name of Camper: _____ Today's Date: _____

The Flying Minds reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give **The Flying Minds** permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at **The Flying Minds** and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for **The Flying Minds** to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

By signing below I agree to adhere to all the Policies and Procedures set for by **The Flying Minds**.

Parent/Guardian's Signature: _____

Date:

Student's Medical Information Form

Please print all information clearly

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone number _____

Date of last physical _____

Date of last tetanus shot _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken a camp or not:

Will your child need to take any prescription medications while at camp? Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp.

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____

Date:

IMPORTANT:

- All activities will take place during a regular camp day, allowing each child to explore both the worlds of STEM and creativity, with a focus on the activity selected by the student.
- The camp will run from 8:00 AM to 3:00 PM (7 hours) with before-care available from 7:30 AM to 8:00 AM, and after-care from 3:00 PM to 4:00 PM.
- Daily Schedule:
 - 8:00 AM - 8:45 AM: Meet and greet, group games
 - 8:45 AM - 10:00 AM: Main activity selected by the child
 - 10:00 AM - 10:15 AM: Snack
 - 10:15 AM - 12:00 PM: Continuation of the main activity
 - 12:00 PM - 1:15 PM: Outdoor activities
 - 1:15 PM - 1:45 PM: Lunch
 - 1:45 PM - 3:00 PM: Continuation of the main activity or participation in other activities (children may try different activities offered during the camp).
- Each child must bring their own lunch. Please ensure that lunches do not contain nuts or seafood, including any type of fish.
- Outdoor footwear is not permitted inside the facility.

Date: