

**Burnt Mill Potters - Pottery Camp Registration 2021**

**Child's Information**

First \_\_\_\_\_ Last \_\_\_\_\_ Male \_\_\_ Female\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 1, 2020) \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Parent/Guardian - Contact Information**

In case of medical emergency, parents/guardians will be notified in the order written below.

***Parent/Guardian #1***

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

***Parent/Guardian #2***

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First \_\_\_\_\_ Last \_\_\_\_\_

Cell phone \_\_\_\_\_

***Emergency Contact #2***

First \_\_\_\_\_ Last \_\_\_\_\_

Cell phone \_\_\_\_\_

**Medical Release Information**

Name of Health Insurance Provider\_\_\_\_\_

Policy Number\_\_\_\_\_

Primary Physician\_\_\_\_\_

Phone\_\_\_\_\_

Hospital Preference\_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication.

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Call paramedic</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes\_\_ No\_\_

If yes, explain:\_\_\_\_\_

Is your child allergic to any type of food or medication? Yes\_\_ No\_\_

If yes, explain:\_\_\_\_\_

Does your child require a special diet? Yes\_\_ No\_\_

If yes, explain:\_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

I understand that neither Burnt Mill Potters nor Karen Amundsen will be responsible for injuries or medical expenses incurred, and that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature \_\_\_\_\_

**Food**

For full day camp, a nut-free lunch, drink and snack should be sent each day.

Friday will be pizza day for \$2 per slice.

**Tuition**

Full day camp will run from 9am – 3pm

Afternoon sessions will run from 1:30 – 4:00.

A deposit of \$50 per child per camp is due upon registration. Final payment is due June 1.

Checks should be made payable to Karen Amundsen and mailed along with this form to 230 Burnt Mill Road, Branchburg NJ 08876.

Full Day June 28 - July 2	\$350	\$_____
Afternoon July 12 - 16	\$195	\$_____
Afternoon July 26 - 30	\$195	\$_____
Afternoon August 9 - 13	\$195	\$_____
Total Due		\$_____
Amount Enclosed		\$_____
Amount Due by June 1		\$_____