



Dates July 8 - 12, 2019

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 4-9 will attend from 9AM-11:30 AM and will be paired with Junior Counselors- registration is limited to 15 Campers**

**Junior Counselors, ages 10-13, 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 2<sup>nd</sup> Child \$60.00, Sibling discount 3<sup>rd</sup> 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 \_\_\_\_\_