



Dates July 10-14, 2017

Open to All Children ages 4 thru 12.

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-11:30 AM and will be paired with Junior Counselors- registration is limited to 15 Campers

Junior Counselors -ages 9-12 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

2017 Vacation Garden School Application

Rates for Campers and Junior Counselors: \$50.00 per week first Child, Sibling discount 2nd Child \$45.00, Sibling discount 3rd Child \$40.00, Family Rate 4 or more Siblings \$140.00

There are no daily rates or credits for missed days.

Fee includes a Garden Vacation School Tee Shirt

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

Volunteer Opportunities

(each family will be asked to volunteer in some capacity)

Provide a snack from a themed based snack List _____

(List will be provided to parent volunteers)

Helping with program _____

(Reading a theme based story, assisting with craft-books, crafts and materials will be provided the VGS)

Parent/Guardian Signature _____

Date _____