



Polite Piggy's

Day Camp Registration Form

Ages Almost 3-9 (6-9 year olds "The Big Kids" enjoy activities in a separate space!)

1. Does Your Child Have Allergies/Health/Academic Concerns (please list)			
2. Child's First Name	3. Last	4. School	5. Age of Child Birth date Grade in Fall
6. Street Address		7. Apartment/Unit #	
8. City	9. State	10. ZIP	
11. Home Phone		12. Primary Email Address	
13. Mother's Name	14. Father's Name	15. Shirt Size:	
16. Mother's Contact Information:		17. (Home) (Cell) (Work)	
18. Father's Contact Information:		19. (Home) (Work) (Cell)	
20. Emergency Contact:	21. Relationship:	22. Phone Number:	
23. List day(s)/week(s) you are registering for:			

- **All registration fees and payments for care are non-refundable.**
- **Payments are non-transferable due to programming and scheduling of employees unless written request is provided within 72 hours of the camp date to politepiggysdaycamp@yahoo.com Transfer requests are not guaranteed as they are based on availability.**
- **All returned forms of payment will incur an additional \$35 fee.**
- **\$69 (almost 3-5 yr olds) , \$74 (6-10 yr olds) per day for full day camp**
- **\$47 per day for half days (any 5 hours you choose ages almost 3-5) & \$52 (ages 6-10)**
- **Sibling Discount 25% off each child after the first for registration fees (summer only and camp cost).**

Referred by: _____ Parent Signature: _____

POLITE PIGGY'S DAY CAMP

Camp Day Field Trip Permission Form

<i>Date</i>	School Year Duration	<i>Time</i>	Announced for Each Trip but children must be at camp by 9:00 on field trip days.
<i>Location</i>	Various Local Points of Interest in DC, MD and VA including school playgrounds.		
<i>Cost</i>	Included in camp cost unless otherwise specified (AGES 6-10 Must Bring A SMART TRIP CARD)		
<i>Transportation</i>	Walking, Metro, and charter bus		
<i>Notes</i>	Children MUST wear full shoes, no flip flops or Crocs as we will be walking during trips. Please do not send money on trips except for the movies.		

Please return this permission slip by: _____ With Registration Application

Emergency Contact Name and Number During the Trip:

I give permission for my child _____
to attend the field trip to Various local Points of Interest _____ on _____ Throughout the School Year
from TBD _____ to TBD _____

Should it be necessary for my child/me to have medical treatment while participating on a trip, I hereby give the school personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician. I understand that Polite Piggy's Day Camp has no insurance covering medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

All persons attending this trip are deemed to have waived all claims against the Polite Piggy's Day Camp and its' staff for injury, accident, illness, or death occurring during or by reason of the field trip.

I have read and understand the foregoing statement and agree to assume the responsibility stated and waive all claims.

This trip will be under the supervision of the Polite Piggy's Day Camp staff.

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Polite Piggy's Contact and Medical Information for a Child

Child's Name		Date of Birth	Sex
Parent's/Guardian's Name		Parent's/Guardian's Name	
Email		Email	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
email		email	
Home Phone	Work Phone	Home Phone	Work Phone

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations ex. Asthma, peanut and berry allergies, milk allergy, etc.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Polite Piggy's Winter Camp and individuals from liability in case off accident during activities related to Polite Piggy's Winter Camp as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

NAME OF PARTICIPANT _____
(LAST) (FIRST)

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

I, Parent/Guardian of _____, do hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

OR

I, Parent/Guardian of _____, do **not** hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby **DO NOT** consent that such photographs, films, recordings, plates and tapes are the property of Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature _____ Date _____

(Parent or Guardian)