

**Timmerman School
Two- and Three-Year-Old
Summer Camp Application**

(May 30-August 18 ~ Closed July 4)

Activity Fee: \$75 due with application

Weekly Fees: Circle one

\$190 ~ Timmerman Student (enrolled for 2023-2024)

\$220 ~ Community Student

Child: (Please Print)

Name: (First) _____ (Last) _____ Age: _____

Last Grade Completed: _____ Birth Date: _____

Parents:

Mother's Name: (First) _____ (Last) _____

Address: _____ City _____

Zip code _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: (First) _____ (Last) _____

Address: _____ City _____

Zip code _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact: (neither Mother nor Father)

Name: _____ Relationship: _____

Home Phone: _____ Work or Cell Phone: _____

Doctor:

Name: _____ Phone: _____

**In case of emergency, Timmerman School has permission to seek medical attention for my child,
(name of student) _____**

Signature _____ Date _____ (over)

Hospital Preference _____

Does your child have any allergies? ____ Yes ____ No

List All: _____

Does your child have any special medical needs? ____ Yes ____ No

List All: _____

All maintenance medications must be signed in at Room 5. Staff will not administer medication without a doctor's orders.

Name of Health / Accident Insurer: _____

Does your child have any dietary restrictions? ____ Yes ____ No

List All: _____

By accepting this contract, I understand that space is reserved for my child for the summer of 2023, and that I am responsible for all weekly payments *except for one week per summer* if my child does not attend. The weekly cost is \$190. Fees are payable weekly and due whether or not my child attends.

Parent's Signature: _____ Date: _____

My child, _____, has my permission to take part in all activities of Timmerman School Summer Camp.

Parent's Signature: _____ Date: _____

The Summer Activity Fee must accompany the Summer Application. We cannot reserve your child's space without the payment of this Activity Fee.

Each child must provide the following forms: Immunization (1148 OR 1125), 2900 DSS Health and Medical Release Form, or follow DHEC infectious diseases exclusion policies.

The following people are authorized to pick-up my child from Timmerman School:

Name	Driver's License# & State
1. _____	_____
2. _____	_____
3. _____	_____