

Pirate Camp Application

Early drop-off 7:45 and late stay until 5:30 available for an additional fee.

Pirate Camp Price: \$425 p/w

Monday - Friday 8 - 4

Minimum of 2 weeks registration required. All weeks include academic tutoring and activities*

Pick Weeks: [] June 18th-22rd [] June 25th-29th [] July 9th-13th [] July 16th-20th

Outdoor Adventure Week Price: \$250 No academic tutoring and activities. *

Monday - Friday 8 - 4 [] July 23rd- 27th

Water Palooza Price \$175 p/w Monday - Friday 1 - 4

Pick Weeks: [] June 25th-29th [] July 16th-20th

Hands-On Science Camp (K5 - 3rd Grade) Price \$175 p/w Monday - Friday 1 - 4

Pick Weeks: [] June 18th-22nd [] July 9th-13th

Calling All Future Architects (K5 - 3rd Grade) Price \$175 p/w Monday - Thursday 9 - 12

Pick Weeks [] June 25th-29nd - Engineering [] July 16th-20th - Architecture

For the Love of Reading (K5 - 3rd Grade) Price \$250 p/w Monday - Thursday 9 - 12

Pick Weeks: [] June 18th-22nd [] July 9th-13th

Pirate Camp can be combined with any of the special camps and the special camps can be attended independently.

See Hunter Patterson for details and prices.

* Please remember that meals will not be provided. Bring filling snacks and drinks to eat during breaks. Transportation will not be provided to and from camp. The Chandler School and its volunteers will not be responsible for any lost or stolen items.

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Total Enclosed: \$ _____

Student Name _____

DOB: _____ / _____ / _____ Age: _____ School _____

Parent (s) Name _____

Phone: _____ Work: _____

Email: _____

Emergency Contact: _____ Phone: _____

PERMISSION FORM: _____ has my permission to participate in all summer camp activities. In the event of an emergency and I cannot be reached, I grant permission for emergency/medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release The Chandler School from responsibility for any bills resulting from injuries incurred in this program. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. If applicable, I have attached information regarding allergies or other medical conditions about my child of which staff should be aware. I understand there are no refunds once the camp/clinic has started.

List any known allergies: _____ **Is there an Epi-Pen? YES / NO**

Insurance Company: _____ **Policy Number** _____

Parent Signature: _____ **Date:** _____