



APPLICATION FORM FOR CAMPERS ENTERING K-3

Registration is confirmed upon receipt of applicant's completed form and deposit.
Read carefully. Applicants need to complete all parts according to directions.

ADDITIONAL APPLICATIONS AND ONLINE ENROLLMENT FORM AVAILABLE AT WWW.SUMMERQUEST.ORG

PART 1 (Please Print)

Camper Name _____ Gender _____ Date of Birth _____
Address _____ Phone _____
City _____ Entering Grade (Fall 2014) _____
State _____ Zip _____ School _____
Parent 1 Name _____ Work Phone _____ Cell Phone/Pager _____
Parent 2 Name _____ Work Phone _____ Cell Phone/Pager _____
Parent 1 Email _____ Parent 2 Email _____

Special Grouping Requests: _____

PLEASE CIRCLE ALL APPROPRIATE SECTIONS:

Sessions:	Session 1 (6/9 – 6/20)	Session 2 (6/23 - 7/3)	Session 3 (7/7 - 7/18)
Before Care:	Session 1	Session 2	Session 3
After Care:	Session 1	Session 2	Session 3
T-shirt Size:	Child: S (6-8) M (10-12) L (14-16)	Adult: S M L	

A registration deposit equivalent to one session fee is required with enrollment. The deposit for campers entering kindergarten through third grade is \$440. Make checks payable to SummerQuest. Mail form, along with deposit, to: SummerQuest • #2 Mark Twain Circle • Clayton, MO • 63105

PART 2 (Please Print) **SUMMERQUEST EMERGENCY and MEDICAL INFORMATION**

Emergency Contacts: (IN THE EVENT THAT PARENTS ARE UNREACHABLE)

Name _____ Phone _____ Cell Phone _____
Name _____ Phone _____ Cell Phone _____

Physician _____ Phone _____
Dentist _____ Phone _____

Insurance Company: _____
Subscriber: _____ Policy#: _____

If your child is on medication, please specify: _____

Please list any of your child's known allergies (include medications, foods, insects) _____

Please circle the medication(s) below that you give consent for SummerQuest staff to administer to your child:

Acetaminophen Ibuprofen Benadryl

SummerQuest does not discriminate based on race, color, religion or national/ethnic origin in its employment or admitting practices.

PART 3

If your child requires special assistance, please provide details on the services requested:

PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS

- If this application is accepted, I agree to pay all fees associated with this summer program as outlined on this form.
- In the event that my child needs emergency medical treatment and you are unable to reach the contacts provided on this form, I give my consent for SummerQuest to obtain, through a licensed medical professional and hospital of choice, such medical care that is reasonably necessary for the welfare of my child. I also agree to assume the cost for transport and treatment in such an emergency situation.
- I give permission for the image or likeness of my child to be used by SummerQuest on the camp website, in various camp-related publications and in media releases.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____