



APPLICATION FORM FOR STUDENTS ENTERING GRADES 7-8

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)

Student Name _____ Gender _____ Date of Birth _____
Address _____ Phone _____
City _____ Entering Grade (Fall 2020) _____
State _____ Zip _____ School (used for group placement) _____
Parent 1 Name _____ Work Phone _____ Cell Phone _____
Parent 2 Name _____ Work Phone _____ Cell Phone _____
Parent 1 Email _____ Parent 2 Email _____
Special Grouping Requests _____

PLEASE CIRCLE ALL APPROPRIATE INFORMATION (7/6-7/17):

Before Care: Yes No

After Care: Yes No

T-Shirt Size: Child: L (14-16) Adult: S M L

A registration deposit of \$450 for residents and \$475 for non-residents is required with enrollment. 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 strictly prohibits discrimination and harassment against employees, students or others on the basis of race, color, religion, sex, national origin, ancestry, disability, age, genetic information or any other characteristic protected by law.

PART 3 Indicate your top six activity choices.

Students will participate in **FOUR** activities per day during the two-week session. Please rank your top **SIX** choices from the columns below (#1 = first choice, #5 and #6 = back up choices). Design the perfect two-week session with your friends!

Fine and Performing Arts

_____ Canvas Art
_____ Dance
_____ Kitchen Creations
_____ Photography
_____ Theater
_____ Wearable Art

Science and Technology

_____ Brain Games
_____ Chemistry Blow Out
_____ Claymation
_____ Coding
_____ iMovie
_____ Mini Med School
_____ Missouri Wildlife
_____ Robotics
_____ Rocketry
_____ Woodworking

Recreation Activities

_____ Discover St. Louis
_____ PM Rec Swim
_____ Racquet Sports
_____ Rock Climbing
_____ Team Sports

PART 4

SummerQuest supports the inclusion of children with disabilities. If your camper requires special assistance, we encourage you to register four weeks before your child's first session and provide us with information regarding your child's disability or medical condition.

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.
- I give permission for the School District of Clayton to contact me with information about my child or my child's summer program via a pre-recorded phone message, mobile text messages to any of the phone numbers listed on this form, or mass emails about billing or camp events.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

How did you hear about SummerQuest Camp program? Please check all boxes that apply.

- ☐ Return Camper
- ☐ Referral: Who may we thank for your camp enrollment? Name: _____
- ☐ E-blast
- ☐ Facebook
- ☐ Twitter
- ☐ Instagram