



## 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](http://WWW.SUMMERQUEST.ORG)

### **PART 1** (Please Print)

Camper 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 SECTIONS:

<b>Sessions:</b>	Session 1 (6/8 - 6/19)	Session 2 (6/22 - 7/2)	Session 3 (7/6 - 7/17)
<b>Before Care:</b>	Session 1	Session 2	Session 3
<b>After Care:</b>	Session 1	Session 2	Session 3
<b>T-shirt Size:</b>	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 \$450 for residents and \$475 for non-residents. 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**

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.

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#### **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