



# Themed Day Camp

## Registration Packet for 2017

Hosted By: **Fick Educational Services, LLC**

Camp is just around the corner! Please take a moment to complete this packet of information to help us better interact and care for your child during camp.

<b>Child's Name</b>		<b>Date of Birth: MM/DD/YYYY</b>	
<b>Emergency Contact: Parent/Guardian Name</b>		<b>Relation to Child</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone #</b>	<b>Cell Phone #</b>		
<b>Email</b>			
<b>2nd Emergency Contact: Parent/Guardian Name</b>		<b>Relation to Child</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone #</b>	<b>Cell Phone #</b>		
<b>Email</b>			
<b>How did you hear about us?</b>			

**Please check the box** of the camp(s) you wish your child to attend this summer.

**Checks payable to:** Fick Educational Services, LLC

\$300 per week camp session // \$250 each additional week or sibling attendance

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**Ages 4-7**

**9:00 am – 12:00 pm**

	June 12 – 26	Dinosaurs
	June 19-23	Under the Sea
	June 26-30	Fun with Art
	July 10-14	It's A Bug's Life
	July 17-21	Villains & Superheroes
	July 24-28	The Mighty Jungle
	July 31-Aug 4	Under the Big Top
	August 7-11	Dr. Seuss Week
	August 14-18	Science Fun: To Infinity and Beyond
	August 21-25	Fun with Art

**Ages 8-13**

**12:30 pm – 3:30 pm**

	June 12-16	STEM: Invent, Engineer & Grow
	June 19-23	Video Gaming & Programming
	June 26-30	Spa, Fitness & Relaxation
	July 10-14	Fun with Art
	July 17	Video Gaming & Programming
	July 24-28	Science & Engineering
	July 31-Aug 4	STEM: Invent, Engineer, & Grow
	August 7-11	Computer Programming & Technology
	August 14-18	The Amazing Race
	August 21-15	Science & Experimenting



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## Medical Information

Please initial statements below if they apply:

Name of Primary Physician		Physician Main Phone #	
Does your child have allergies? YES NO If yes, circle type(s) below and describe the allergy please			
Food		Environmental	
Seasonal		Medicine	
Other			
Bathroom Behaviors: Is your child potty trained?		Does your child require diapers or pull-ups?	
How often should we prompt your child to use the bathroom?			
Does your child require or need special attention with the items below? YES NO If yes, circle all that apply and describe needs.			
Assistive Devices	Glasses	Wheelchair	Crutches
Hearing Aid	Smart Device	Walker	Other
Allergies:			
What medication, if any, will need to be administered during the camp day?			

\_\_\_ I will bring my child's medication in its original container with my child's name and specific handwritten instructions and I will hand-deliver those items to the camp administrators

\_\_\_ I have provided accurate and truthful information to the best of my ability including any information the staff should be made aware of on this application.

**Signature of Parent of Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Additional information about your child:

Which school does your child attend?	Does your child have a personal aide?
Please describe your child's disability or illness: behaviors, diagnosis, etc.	
Please share any information that you believe would assist us in better knowing your child such as special interests, likes/dislikes, other behaviors, etc.	
If you have and desires or expectations for your child during camp please share and we will do our best to address them and work on those specific tasks when possible.	

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## RELEASE OF LIABILITY

This Release is executed and delivered on this day of \_\_\_\_\_, 2016, by \_\_\_\_\_, parent or guardian of \_\_\_\_\_ on behalf of heirs, executors, administrators, successors, and assigns (collectively the "Releasor") in consideration of being allowed to participate in any activities at Fick Educational Services, LLC. Releasor, hereby, fully releases and discharges Fick Educational Services, LLC and their successors and assigns the Releasee from any and all rights, claims, and actions which the releasor may now have or may hereafter ever have against Releasee arising out of (child's name) \_\_\_\_\_ participation in activities at the facility. This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable, and adequate consideration prior to the execution and delivery of this Release.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO/VIDEO RELEASE

I give my permission for photographs and/ or videos of my child to be used in any Promotional/Marketing materials for Fick Educational Services, LLC including but not limited to their Facebook page, Website, etc.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## ACCEPTABLE CONDUCT POLICY

Fick Educational Services, LLC consider one of its primary functions is to provide an opportunity for developing independence and self-confidence through interaction with others children, adults, animals, etc. Each participant must maintain acceptable standards of conduct at all times. Consequently, any conduct by a participant which the Executive Director, Camp Director, or Staff members consider detrimental to the child's safety, the safety of other children, staff, animals or the facility itself may be deemed adequate cause for disallowing or time-out from participation in programs and activities.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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**Note:** Upon Completion, please make copies of this packet for your records and return the original packet to  
FICK EDUCATIONAL SERVICES, LLC.

**Email:**

Cris Fick: [fickeducation@gmail.com](mailto:fickeducation@gmail.com)

**Phone:**

Cris Fick: 610-457-2199

**Address of Camp and Mail Registration (Send Check) to:**

17 Turner Lane

West Chester, PA 19380

**Checks payable to:** Fick Educational Services, LLC

Be sure to check out the website for camp updates:

[www.fickeducation.com](http://www.fickeducation.com)