



# Study skills 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>			

### Study Skills Summer Camp Week: \$450/wk

Suited for students entering 5<sup>th</sup>-12<sup>th</sup> grade

- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> <b>Date:</b> August 14 – August 18 | <b>Time:</b> 9:00am- 12:00pm |
| <input type="checkbox"/> <b>Date:</b> August 21 – August 25 | <b>Time:</b> 9:00am- 12:00pm |



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### Medical Information

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	
What medication, if any, will need to be administered during the camp day?	

Please initial statements below if they apply:

\_\_\_\_ 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?	What grade is your child in?
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 releaser 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 considers one of their 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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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 Study Skills Camp and Mail Registration (Send Check)**

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)