1280 Simmons Ave.

Kirkwood, MO 63122

Phone: 314-822-2601

Email: [camppegnita@villadimaria.org](mailto:camppegnita@villadimaria.org)

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**CIT PROGRAM AGES 13-15**

**2019 ENROLLMENT APPLICATION**

**\*Both sides must be completed\***

\*\*A separate application is available for children ages 5-12\*\*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child's Name | | |  | | | DOB | |  | M/F |  |
| Parents/Guardians | | | | | (1) | (2) |  | | | |
| Daytime Phone | | | | (1) | | (2) |  | | | |
| Email | (1) | | | | | (2) |  | | | |
| Address | |  | | | | State | |  | Zip |  |

**Child's age as of June 1, 2019** \_\_\_\_\_ **Grade Child is entering?**\_\_\_\_\_\_ **School child attends?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child attended Camp Pegnita before?** Y N **How many summers?** \_\_\_\_\_\_\_\_\_\_

If not, how did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The CIT Program is for campers ages 13-15 or entering 8th-10th grade.**

**It is suggested that a camper completes two summers of the CIT program, but will still be considered for a Junior Counselor position if they have only completed one summer.**

**\*\***Must be 16 to apply for Junior Counselor, or be 15 and have completed the CIT program\*\*

**\*\*Participants must enroll for a full week\*\***

**PLEASE SELECT THE WEEKS YOUR CHILD WILL ATTEND**

**CIT Program:** \_\_7/8-7/12 \_\_7/15 -7/19 \_\_7/22 – 7/26

**\*There will be no Camp on Thursday, July 4**

**SUPPLEMENTAL CARE OPTIONS**

**If you plan to use supplemental care on a regular basis, please indicate below.**

\_\_Early Arrival *(drop off between 7:30-8:30am)* \_\_Late Stay *(pick up between 4:00-5:30pm)*

**T-SHIRT SIZE**

\_\_Child XS \_\_Child Small \_\_Child Medium \_\_Child Large \_\_Adult Small \_\_Adult Medium \_\_Adult Large \_\_Adult XL

Children enrolled in Camp Pegnita by April 27 receive a free t-shirt.

**After April 27, if you order a t-shirt for your child, you will be billed $10 per shirt.**

**PLEASE LIST ANY ADDITIONAL NUMBERS FOR CAMPERS’ GUARDINAS AND AT LEAST TWO OTHER CONTACTS IN CASE OF AN EMERGENCY**

**\**All contacts listed are approved for pick-up unless stated otherwise***

Name Relationship to Camper Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEALTH HISTORY**

*(Attach additional info as necessary)*

Does your child have any health issues? For example, allergic reactions, asthma, frequent stomach upsets, etc.?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any developmental, behavioral, or social needs that will require special attention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications your child currently takes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to receive Children’s Tylenol or Advil. Y N (*parent will be notified if given)*

Weight for dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRICES AND POLICIES**

**Non-Refundable Enrollment Fee:** $35 at the time of application + total fees for the first week enrolled, due May 17, 2019.

**CIT Program:** Weekly: $220

**Early Arrival & Late Stay:** Mornings: $9. Afternoons: $12. Unlimited: $80. (*Unlimited option must be pre-paid for the week on the Monday of that week. Otherwise you will be billed the individual rates at the end of the week.*)

*Late stay ends promptly at 5:30 p.m. There is a penalty charge of $7 per 5 minutes per child after 5:30 p.m.*

**Sibling Discount:** $25 per sibling after the first child on weekly rates of the full-day Camp options only.

Changes to reservations will be accepted until April 26, 2019 **and must be submitted in writing, email camppegnita@villadimaria.org**.

**After April 26, you will be responsible to pay for all weeks/days reserved. The fees for the first week enrolled will be due May 17, 2019. Without this payment, your registration will be cancelled. This payment is non-refundable.**

Payment for all weeks except the first week enrolled will be due on or before the first day each week that your child attends. Accounts with a past due balance will be charged a late fee of $25 per week each week until paid in full.

I acknowledge that the enrollment fee is not refundable under any circumstances. I acknowledge that the fees for my child’s first week of enrollment are due by May 17, 2019. These fees are non-refundable. I agree to comply with all terms and conditions on this application. I authorize my child to participate in all camp activities, including the supervised swim program. I authorize the camp to use photos of my child for publicity. I authorize the director to remove my child from camp in case of unacceptable behavior or conduct. I give permission for Camp Pegnita to arrange for my child’s emergency medical care in the event that I or the contacts I have listed cannot be reached, and I agree to pay all expenses involved in such an emergency situation.

**SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**