



THE EPISCOPAL DAY SCHOOL'S

# CAMP OCELOT



## ENROLLMENT FORM

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Student completed which grade for the 2010-2011 school year? \_\_\_\_\_ Age: \_\_\_\_\_\*

\*Child must be 3 years of age or older by September 1st.

I want my child to participate in:

Full Day Activities: 7:30am - 5:30pm

Half Day Activities:

7:30am - 12:30pm

or

12:30pm - 5:30pm

Parents' names: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

### Discipline Policy:

The EDS staff utilizes the "Love & Logic" program of discipline. In this approach, many different strategies are used to halt improper behavior before it escalates. One of these strategies involves removal of a student from the group for "recovery." Disruptive behavior that affects the safety of anyone else in the group or repeated disruptive behavior would warrant termination of enrollment in the Camp.

I read and understand the EDS discipline policy and agree that improper or disruptive behavior on my child(ren)'s part will be held to this policy.

\_\_\_\_\_  
Parent Signature

Please detail any allergies (medication, environmental, or food allergies) or any other medical conditions:

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I understand that the Episcopal Day School has no certified healthcare professional on staff. EDS staff will dispense only medications sent by the child's parents, marked with the child's name and dispensing instructions. In the event of an emergency and/or the parent/guardian cannot be reached, EDS has permission to seek medical treatment for the student as necessary. EDS is not responsible for the cost of the emergency medical treatment unless the School is liable for the specific injury.

\_\_\_\_\_  
Parent Signature

PERSONS, BESIDES PARENTS, ALLOWED TO PICK UP STUDENT\*\*:

1) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_   
Driver's License # Phone #

\_\_\_\_\_  
Signature

2) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_   
Driver's License # Phone #

\_\_\_\_\_  
Signature

3) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_   
Driver's License # Phone #

\_\_\_\_\_  
Signature

\*\*Please note that no one other than the people listed above will be allowed to pick-up your child from Camp. There will be NO EXCEPTIONS as we cannot jeopardize the safety of our Campers.