



## MCDS Summer Camp 2009 Registration Form

Please check all applicable boxes:

**Day Camp** – 8:30 a.m. – 4:30 p.m. \$190 per week

- Session I June 15 – June 26
- Session II July 6 – July 17
- Session III July 20 – July 31

**Pre-Camp Care** 7:45 – 8:30 a.m. \$5 per day

- Yes  No

**After Camp Care** 4:30 – 5:30 p.m. \$5 per day

- Yes  No

**Jump Start** Session  I  II  III

- 1 Class \$150 per week  Spanish  Math  
 8: 30 – 10:00 a.m.  10: 30 a.m. – noon
- 2 Classes \$300 per week Spanish and Math
- 1 Class + 3/4 Day Camp \$300 per week  Spanish  Math  
 8: 30 – 10:00 a.m.  10: 30 a.m. – noon
- 2 Classes + Half Day Camp \$400 per week

Any different arrangement will be negotiated on individual basis.

### Student Information

Student's Name:	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Preferred Name:	Date of Birth:	
Current School:	Grade Entering in Fall:	
Address:		
How did you hear about the camp?		

## Parent Information

Parent/Guardian 1:	
Home Phone:	Business Phone:
Cell Phone:	Email:
Parent/Guardian 2:	
Home Phone:	Business Phone:
Cell Phone:	Email:
Emergency Contact 1:	
Name:	Relationship:
Phone:	
Emergency Contact 2:	
Name:	Relationship:
Phone:	

## Medical Information

Primary Physician:
Phone:
Allergies:
Other Health Concerns:
Medical Insurance Company:
Insurance Phone:
Preferred Hospital:

In the event that I cannot be reached in an emergency, I give permission for an employee of MCDS summer camp to call 911 and transfer the child named above off school property to an emergency room or hospital and secure treatment as recommended by medical personnel.

I understand that students must abide by all camp rules. Students whose behavior knowingly or purposefully undermines the camp program will be asked to leave. Use of tobacco, alcohol or illegal drugs is cause for immediate dismissal.

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Parent Signature

Date

Return this form with your payment to:

**Madison Country Day School**  
**Summer Camp**  
**5606 River Road**  
**Waunakee, WI 53597**