

Page & Stage Summer Camp – Application Form for 2021

Please complete a separate form for each child.

Camper's Information

Child's Full Name: _____ Child's Age: _____

Child's Gender: _____ Name of School: _____ Grade: _____

Birth Date: _____ Street Address: _____

City, State, Zip Code: _____

Parent Information

Parent/Guardian #1

Name: _____ Ms. Mrs. Mr. Other: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

What is the best way to contact you? (circle one) Home Ph Work Ph Cell Ph Email Other: _____

Parent/Guardian #2

Name: _____ Ms. Mrs. Mr. Other: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

What is the best way to contact you? (circle one) Home Ph Work Ph Cell Ph Email Other: _____

Emergency Contact/Information

You may use the same contact information as above, or add the contact information of a relative or trusted friend.

Emergency Contact #1 Phone: _____ Relationship to Child: _____

Emergency Contact #2 Phone: _____ Relationship to Child: _____

Emergency Contact #3 Phone: _____ Relationship to Child: _____

Does your child have any food allergies? (circle one) YES NO

Please list allergies you would like us to know about: _____

Does your child have a medical condition that requires medication during camp hours or during emergencies (such as insulin, EpiPen, or a rescue inhaler)? YES NO

Would you like a camp staff member to keep this medication on his person or in a safe place? YES NO

Please list any other physical or mental health information you would like us to know about, and describe any action you would like us to take should symptoms worsen (such as calling a specific number or an EMT).

Please list the names of people who are permitted to pick up your child from camp: _____

Please list the names of any persons who are NOT to pick up or have contact with your child: _____

CAMPER'S CURRENT READING LEVEL

Please list any information about your child's current reading level or areas of challenge in literacy. This is optional but will help us better serve your child: _____

CAMP REGISTRATION INFORMATION

Please check the section of the camp you would like your child to participate in:

___ **BASIC CAMP** (ages 4-9) June 24-July 26, Mon/Wed., 9:00 am to 12:00 noon

Cost: \$175 per student, half-price for each additional family member

___ **INTERMEDIATE CAMP** (ages 10-13, by invitation if younger) June 24-July 26, Tues/Thurs., 9:00 am to 12:00 noon

Cost: \$175 per student, half-price for each additional family member

___ **ADVANCED CAMP** (14 and up, by interview or invitation) June 17-July 26, Mon-Thurs, 12:30-3:00 pm

Cost: \$225 per student, half-price for each additional family member

*Cost does not reflect the price of optional camp t-shirts. We will take orders for these the first week of camp.

DISCOUNTS: If you are claiming a discount, please enter the info below (see current specials on our website). If you were referred to the program by a returning camper, please list their name here so they can claim their discount. _____

Please return registration form to: paulspikewilson@gmail.com or 11805 Garden Cir E, Fishers, IN 46038.

PAYMENT INFORMATION

To pay by check or money order: Send checks or money orders payable to "Paul Wilson" to 11805 Garden Cir E, Fishers, IN 46038. To pay by credit card: visit our website at www.pageandstageco.org.