**Application Date:**       /       / 20      One Application Per Child

|  |  |
| --- | --- |
| **First and Last Name**:       | Gender:       |
| Address:       | Birth Date Age:       |
| City:       | Home Phone:       |
| State: California | Cell Phone:       |
| School:       | Grade:       |

 ­­­­­

Referred by:

**PARENT/GUARDIAN INFORMATION**: *(Those authorized to pick up child)*

|  |  |
| --- | --- |
| Name:       | Name:       |
| Relationship:       | Relationship:       |
| Workplace:      | Workplace:      |
| Work Phone:       | Work Phone:       |
| Cell Phone:       | Cell Phone:       |
| Email:       | Email:       |

**SUMMER CAMP SESSION AND SERVICES**:

Check Camp Sessions to Enroll **All Sessions**: 9:00am-4:00pm **Before Care:** 8:00am-9:00am **After Care:** 4:00pm-6:00pm.

|  |  |
| --- | --- |
| **Session 1: Mundo Africano**[ ]  June 17-21, 2013[ ]  Before Care[ ]  After Care | **Session 3: Aroni’s Grove**[ ]  August 13-17, 2013 [ ]  Before Care[ ]  After Care |
| **Session 2: King’s Market**[ ]  June 24-28, 2013[ ]  Before Care[ ]  After Care | **Session 4: Mas Mundo Africano**[ ]  August 20-24, 2013[ ]  Before Care[ ]  After Care |

**Choose One Rate: (Registration and Application due Fri., June 1, 2007)**

□ **Regular Rate**

|  |  |  |
| --- | --- | --- |
| # of Sessions:  | x $200 Session Fee= | $  |
| # of Sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | x $50 Registration Fee\*= | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # of Before Care Sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_ | x $25 Before Care Session Fee= | **+**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # of After Care Sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | x $50 After Care Session Fee= | **+**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **TOTAL** | **=**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

□ **Sibling Discounted Rate** *(Must already have one sibling enrolled at full price )*

|  |  |  |
| --- | --- | --- |
| # of Sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | x $160 Session Fee= | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # of Sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | x $50 Registration Fee\*= | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # of Before Care Sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_ | x $25 Before Care Session Fee= | **+**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # of After Care Sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | x $50 After Care Session Fee= | **+**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **TOTAL** | **=**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I understand that if my child is accepted, the registration fee is non-refundable if I decide to cancel. (Initial/Date):

**Child’s Name**      **Parent’s Name:**

**PLEASE READ CAREFULLY**

I hereby give permission to Camp Iwalewa to use my child’s picture, likeness, words, and works on any publication and/or media produced in conjunction with the Iwalewa Folklife Enterprises, Inc. or Iwalewa Society.

I hereby give permission for my son/daughter to participate in routinely scheduled activities. I understand that my child will be accompanied with staff members when walking/hiking and that all activities will be supervised. For any special events or field trips, I understand that I will receive a separate permission slip.

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in Camp Iwalewa activities. It is understood that the cost thereof will be at my expense.

I hereby assume responsibility for my child’s attendance. I will make sure that they arrive to camp on time and assume responsibility for how they leave when released from camp. If my child is to leave early or come late for any particular day, I will make sure to call at least one day in advance.

I hereby give my permission to my child to attend the Camp Iwalewa Spring/Summer/Winter Camp. I understand that Camp Iwalewa, Iwalewa Folklife Enterprises, Inc., its property, its staff, and any of their partnering organizations are not responsible for personal injury or loss of property.

Attendance is contingent upon my child’s ability to follow Camp Iwalewa’s and any partnering organization’s expectations and my child’s exhibition of positive behavior. Staff reserves the right to suspend or terminate attendance at any time if those guidelines are not followed.

**Parent or Guardian Signature­­­­­­­­:**  **Date:**

**EMERGENCY CONTACT(S):** *Please make sure these people know they are emergency contacts.*

Contact Name:       Contact Name:

Relationship:       Relationship:

Emergency Phone:       Emergency Phone:

**In case of a medical emergency, the medical attendant may need to know the following information:**

Allergies:       Any known illnesses or injuries:

**Doctor’s/Hospital Name:**        **Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medications:** | **(1)** | **(2)** | **(3)** | **(4)** |
| **Reason for medication:** |  |  |  |  |

***All medications must be in original container with written permission to administer on file if to be taken at camp.***

Special information or circumstances regarding your child that will help us to better care for him or her:

**MAILING INSTRUCTIONS:**

Mail completed registration form and payment to:

**Obafemi Origunwa** PO BOX 18941, OAKLAND, CA, 94619

Make checks payable to:  **Obafemi Origunwa**

You may also choose to e-mail completed registration form to: **ObafemiO@yahoo.com**

And/or make payments on-line.

Go to [**www.campiwalewa.weebly.com**](http://www.campiwalewa.weebly.com)