



Adventure Camp 2010 Application

Name of Camper: _____ Date of Birth: _____ Grade: _____

Home Address: Street _____

City _____ State _____ Zip Code _____

Home Phone () _____

Father's Full Name: _____

Home Address (if different from above): Street _____

City _____

State _____ Zip Code _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____ E-mail Address _____

Mother's Full Name: _____

Home Address (if different from above): Street _____

City _____

State _____ Zip Code _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____ E-mail _____

Please provide any insightful information to help us get to know your child prior to arrival.



The Leadership School
at **Kieve**

The Leadership School Wall Application (please print)

Kieve-Wavus Education, Inc
PO Box 169
Nobleboro, Maine 04555
Tel. (207) 563-6212 Fax (207) 563-5833

Adventure Camp
Dates attending _____

Name _____
First Middle Last

Home Address: Street _____ Town _____

State _____ Zip Code _____ Home # _____

Emergency Contact _____ Phone _____

Family Physician's Name _____ Phone _____

Health Insurance Plan and Number _____

In case of ordinary illness, parents /guardians are notified by phone in all but the most minor cases. In case of serious illness, injury, or any emergency condition, the parents/guardians of the student will be notified immediately by phone. When such communication should fail, or when in any case delay will cause serious danger to the student, the Director (or appointed Leadership School staff) shall have the authority to authorize any emergency medical or surgical procedure, and the use of anesthesia. The Leadership School is not responsible for any medical costs incurred.

I accept the terms and conditions on this application. I give permission to The Leadership School to use my son's/daughter's photo to publicize The Leadership School.

Signature of Parent/Guardian



Adventure Camp Fees

Camper _____ Parent _____

Cost \$ 150

Satellite Pick up/Drop off _____ NO

_____ YES -\$25 Circle one: Wiscasset Damariscotta \$ _____

After Care _____ NO

_____ YES \$40/week \$ _____
(reduced rate when included with this application)

OR _____ YES \$10/day \$ _____
(to be paid when child is picked up each day)

Total \$ _____

Drop off time at The Leadership School at Kieve is at **9:00 am**.

If using our satellite drop off locations, our vans will be departing from the following locations:

Shaw's parking lot: Route 1, Wiscasset at **8:20am**

Hannaford parking lot: Business Route 1, Damariscotta at **8:40am**

Pick-up time at Kieve is at **4:00 pm**. Please be prompt.

If your child is enrolled in After Care, pick up time is at **5:30 pm**.

If using our satellite pick-up locations our vans will arrive approximately at:

Shaw's parking lot in Wiscasset at **4:40pm**

Hannaford parking lot in Damariscotta at **4:20pm**

I give permission for my child to participate in all activities being offered at the Adventure Camp.

Signature of Parent/Guardian

Send completed Application, Medical Concern Form and full payment to:
The Leadership School at Kieve Adventure Camp
PO BOX 169
Nobleboro, ME 04555