



**The Leadership School**  
at **Kieve**

## *Adventure Camp Application - Spring 2012*

**NAME OF CAMPER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**CAMPER'S SCHOOL** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**HOME ADDRESS: Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

### **PARENT/GUARDIAN (TO BE USED AS PRIMARY EMERGENCY CONTACT)**

**NAME (S)** \_\_\_\_\_

**RELATIONSHIP TO CAMPER :** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS (if other than above)** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_

### **SECONDARY EMERGENCY CONTACT:**

**NAME (S)** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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 give my child permission to participate in all activities being offered at the Adventure Camp. I give permission to The Leadership School to use my son's/daughter's photo to publicize The Leadership School. I accept the terms and conditions on this application.

\_\_\_\_\_  
Signature of Parent/Guardian



# The Leadership School at Kieve

## Adventure Camp Application, continued

**CAMPER NAME** \_\_\_\_\_

Please provide any social/behavioral/medical information that will help us get to know your child.

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Does your child have any food allergies? If so, please list:

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Does your child take any daily medications? If so, please list:

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Will your child take a medication daily while at Kieve? Circle one Y / N  
If yes, please complete the supplemental medical form.

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### *Fee Schedule/Daily Logistics*

**Camp Cost** (\$150 before March 30<sup>th</sup>) (\$175 after March 30<sup>th</sup>) = \_\_\_\_\_

**MORNING CARE: (8-9 am): \$5/day** x \_\_\_\_\_ = \_\_\_\_\_  
# days

**AFTERNOON CARE: (4-5:30) : \$5/day** x \_\_\_\_\_ = \_\_\_\_\_  
# days

**SUBOTAL =** \_\_\_\_\_

**FEBRUARY 2012 ADVENTURE CAMP PARTICIPANTS, \$25 DISCOUNT:** \_\_\_\_\_

**GRAND TOTAL =** \_\_\_\_\_

Name/Relationship of those picking up and dropping off camper(s) if other than Parent/Guardian:

Monday: \_\_\_\_\_ Early Morning Y / N Late Afternoon Y / N

Tuesday: \_\_\_\_\_ Early Morning Y / N Late Afternoon Y / N

Wednesday: \_\_\_\_\_ Early Morning Y / N Late Afternoon Y / N

Thursday: \_\_\_\_\_ Early Morning Y / N Late Afternoon Y / N

Friday: \_\_\_\_\_ Early Morning Y / N Late Afternoon Y / N

**SCHOLARSHIPS AND SIBLING DISCOUNTS ARE AVAILABLE. PLEASE CALL FOR DETAILS.**

**TO REGISTER, SEND FULL PAYMENT, COMPLETED APPLICATION AND SUPPLEMENTAL MEDICAL FORM (IF APPLICABLE) TO:**

**KIEVE ADVENTURE CAMP  
PO Box 169  
NOBLEBORO, ME 04555**