

Camp Winnarainbow Enrollment Application

Parent / Guardian: please read **and sign both sides** of this form.

CAMPER'S NAME _____ NICKNAME _____ GENDER _____
First Last

MAILING ADDRESS _____
No. & Street Apt # City State Zip

HOME PHONE _____ AGE (on 1st day of Camp) _____ BIRTHDATE ____/____/____ GRADE (next fall) _____
Area Code Number Month/Day/Year

PARENT/GUARDIAN _____
Name Work Cell Phone Email Relationship

PARENT/GUARDIAN _____
Name Home Work Cell Phone Email Relationship

Alternate EMERGENCY CONTACT _____
Name Home Phone Work Cell Phone Relationship

INDICATE WHICH SESSION:

All sessions are open to campers ages 7-14. Campers attending for more than one session may stay over the session break.

KID'S CAMP: (Please call or write for Adult Camp enrollment form.) Are you a returning camper? Yes [] No []

ONE WEEK SESSION: Session A -[]

TWO WEEK SESSIONS: Session B -[] Session C -[] Session D -[] Session E -[]

COMBINATION SESSIONS: Please list combined sessions -> _____ []

You may mark your registration form with 1st and 2nd choices. If the first session you've requested is already full when your registration arrives, we will put you on the Waiting List and enroll your camper in your second choice session.

Please enroll the above camper in Camp Winnarainbow. I have read both sides of this application and the rate sheet and agree to the fees and conditions listed. I am enclosing a deposit of \$300 for the session(s) I have selected. I understand that this deposit will be credited to my account upon acceptance, and will hold my camper's place until May 1st, at which time the balance is due in full.

A "Time-Payment" contract is available for the balance due, when requested at time of enrollment. Please call or write to request an installment contract. Checks are payable to CAMP WINNARAINBOW.

**** Parent / Guardian signature:** _____

I am enclosing a **separate** check for the **Grace and Joy Scholarship Fund** in the amount of \$ _____ (THANK YOU!!)

If paying by credit card, please complete the following: VISA _____ MasterCard _____ Discover _____ Amount Paying Now \$ _____

Card Number _____ / _____ / _____ / _____ Expiration Date _____ / _____ 3 Digit CVV Code _____

Cardholder Name _____ Signature _____

Rules for acceptance and participation in the Camp program are the same for everyone without regard to ethnicity, national origin, gender, orientation or disability. Camp fees are all-inclusive except for transportation to and from Camp, personal items purchased at the Camp's store, and medical charges. If the Camp arranges transportation to or from Camp, the parent/guardian will be billed.

SIBLING DISCOUNT: There is a 5% discount for the second, third, etc. campers from the same family.

DEPOSIT: A \$300.00 deposit must accompany this application which will hold your place in Camp if the session you are requesting is available. This deposit is credited toward tuition. The deposit is non-refundable after March 1st. The remaining fees are due in full on or before May 1st. **All registrations received after May 1st must be accompanied by full payment in order to be enrolled.**

SCHOLARSHIP FUND

We do our best to obtain scholarship funds for kids who could otherwise not afford to attend Camp. If you can help a disadvantaged child attend Camp this summer, please consider including a separate check made out to the "Grace & Joy Scholarship Fund." Your gift is tax deductible. If you wish to apply for a scholarship, please send us a letter in January/February requesting a scholarship application. In that letter, please describe the prospective camper and financial need. All scholarship must qualify for free or reduced school lunches, with priority going to those in extreme disadvantage or campers recommended by Social Service Agencies.

CONDITIONS OF ENROLLMENT

CAMPER'S NAME _____

- ❖ **CANCELLATION/REFUND POLICY.** A deposit of \$300.00 must accompany this application. We purchase supplies and hire staff based on enrollment. Therefore, there are no refunds, except as follows: All fees paid are refundable until March 1st. Thereafter, the deposit will be non-refundable. The balance of all fees paid in excess of the deposit shall be refundable upon written request prior to May 1st, at which time all fees are to be paid in full. Thereafter, no refunds will be made. After May 1, if a child becomes too ill to participate in Camp in the written opinion of our Camp Nurse or the child's physician, half of the unused tuition will be refunded. There are no refunds for late arrival or early departure.
- ❖ The safety, health, and welfare of each camper are our highest priorities. **By signing this application the camper and parent/guardians of the camper agree to abide by the rules set by the Camp as follows and in the Family Handbook.** The Camp reserves the right to dismiss a camper whose conduct or behavior is detrimental to the Camp. If this becomes necessary there will be no tuition refund. A Director will consult with the parents before dismissing a camper.
- ❖ The Camp is not responsible for personal belongings lost or damaged. Please label all items with first and last names (INITIALS ARE NOT ENOUGH). **Do not bring valuables, jewelry, CD collections, video games, iPods, cell phones or similar items to Camp.** Instruments or other performing props may be brought to Camp and stored in our unlocked equipment shed; however, this is at the owner's risk.
- ❖ We want to make sure we are able to contact you! Should parents/guardians leave their place of residence for an extended period of time during the Camp session, please advise us of an address and phone number to contact in case of emergencies.
- ❖ While there is not a visiting day or phone for camper use, there are several ways to stay in touch with your camper during their session with us. These are listed on our website, Family Handbook, or call our office with questions!
- ❖ For your child's safety, campers are not allowed to leave Camp with anyone but an approved parent/guardian who has made advanced arrangements. The parent/guardian gives Camp permission to transport campers in case of emergency.
- ❖ We house campers in tipi groups by age and grade level. If your child has another camper with whom s/he wishes to be housed, and they are the same age and gender, we will try our best to arrange this but WE CANNOT GUARANTEE IT. Multiple requests may not be possible to arrange. Please let us know your request: _____
- ❖ I am interested in **carpooling**. Please give my name and number or email to other folks also interested in carpools. I understand that Camp Winnarainbow accepts no liability for this type of privately arranged transportation.
YES _____ NO _____ Initial: _____
- ❖ A health form to be filled out by the parent or guardian must be submitted prior to the camper's arrival at Camp. It is expressly understood by the parents/guardians of the camper for whom this reservation is requested that the camper is in a condition of health and soundness of body that warrants her/his undertaking a camping program as outlined in the Camp literature.
- ❖ I understand and acknowledge that certain activities listed in the Camp brochure (such as stilt-walking, unicycling, aerial activities and gymnastics) have an increased risk of injury, and I allow my child to participate in such activities. List any activities you do NOT want your child to participate in: _____
- ❖ The undersigned consents to the use of any photographs or film footage taken of this camper for advertising, promotion, or any productions authorized by Camp Winnarainbow and its affiliates.
- ❖ In case of medical or surgical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for the camper listed. **I agree to reimburse Camp Winnarainbow for any cost it may incur in the medical or dental treatment of this camper.**

Family Doctor: _____ Phone No.: (_____) _____

Do you have Health Insurance? Yes _____ No _____ Is your camper covered by MediCal? Yes _____ No _____

Insurance company, phone number and policy number: _____

I have read and understand and agree to all the "Conditions of Enrollment" in this application, and warrant that I have custody, guardianship and/or authority to enroll _____ (name) in Camp Winnarainbow.

****Signature of Parent / Guardian _____ Date _____**

After receipt of this application plus your deposit, we will send an acknowledgment of your registration, an information packet including a list of what to bring and directions, and medical forms for you to return before the start of Camp.

How did you hear about Camp Winnarainbow? _____

What school does your child attend? _____

☆ WINTER OFFICE (SEPT- MAY) ☆
 1301 Henry Street
 Berkeley, CA 94709
 PHONE 510-525-4304
 FAX 510-528-8775

☆ SUMMER OFFICE (JUNE- AUG) ☆
 PO BOX 1359
 Laytonville, CA 95454
 PHONE 707-984-6507
 FAX 707-984-8087

EMAIL: arainbow@mcn.org WEBSITE: www.campwinnarainbow.org

TOWARD THE FUN! SEE YOU SOON!