

Camp HRS 2015 Registration

July 6 – 31, 2015
Registration Deadline: Friday, June 5, 2015

Camp HRS will take place at
1701 20th Ave S, Seattle, 98144.

Child's Name _____ Age _____ Birth Date _____

Grade Completed _____ Entering Grade _____ School _____

Parent/Guardian's Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

	Before Care 8 - 9 am	Morning 9 am - 12 pm	Afternoon 1 - 4pm	Full Day 9 am - 4 pm	After Care 4 - 5:30 pm	Week Total
July 6 - 10	<input type="checkbox"/> \$25	<input type="checkbox"/> Slingerland \$895 (4 Weeks) <input type="checkbox"/> Experiences in Music \$150 <input type="checkbox"/> Animals in Art \$150 <input type="checkbox"/> Circus Arts \$150 <input type="checkbox"/> Math (Add. & Sub.) \$165	<input type="checkbox"/> Experiences in Music \$150 <input type="checkbox"/> Fabulous Paper \$150 <input type="checkbox"/> World Exploration \$150 <input type="checkbox"/> Circus Arts \$150 <input type="checkbox"/> Math (Add. & Sub.) \$165	<input type="checkbox"/> LEGO Robotics* \$275	<input type="checkbox"/> \$35	
July 13 - 17	<input type="checkbox"/> \$25	Slingerland (continued) <input type="checkbox"/> A Fine Painter \$150 <input type="checkbox"/> Experiences in Music \$150 <input type="checkbox"/> Circus Arts \$150 <input type="checkbox"/> Math (Multiplication) \$165	<input type="checkbox"/> Experiences in Music <input type="checkbox"/> Animals in Art \$150 <input type="checkbox"/> Rockets & Planes \$150 <input type="checkbox"/> Circus Arts \$150 <input type="checkbox"/> Math (Multiplication) \$165	<input type="checkbox"/> LEGO Robotics* \$275	<input type="checkbox"/> \$35	
July 20 - 24	<input type="checkbox"/> \$25	Slingerland (continued) <input type="checkbox"/> Stop Action Video \$150 <input type="checkbox"/> Make Art w/ the Masters \$150 <input type="checkbox"/> Sports, Sports, Sports \$150 <input type="checkbox"/> Math (Multiplication) \$165	<input type="checkbox"/> Mad Science \$150 <input type="checkbox"/> Stop Action Video \$150 <input type="checkbox"/> Make Art w/ the Masters \$150 <input type="checkbox"/> Sports, Sports, Sports \$150 <input type="checkbox"/> Math (Division) \$165		<input type="checkbox"/> \$35	
Jul 27 - 31	<input type="checkbox"/> \$25	Slingerland (continued) <input type="checkbox"/> Art Around the World \$150 <input type="checkbox"/> Circus Arts \$150 <input type="checkbox"/> Math (Add. & Sub.) \$165 <input type="checkbox"/> Tae Kwon Do \$150	<input type="checkbox"/> Experiences in Music \$150 <input type="checkbox"/> Mad Science \$150 <input type="checkbox"/> Art Around the World \$150 <input type="checkbox"/> Circus Arts \$150 <input type="checkbox"/> Math (Fractions) \$165 <input type="checkbox"/> Tae Kwon Do \$150	<input type="checkbox"/> LEGO Robotics* \$275	<input type="checkbox"/> \$35	
					Grand Total	

*LEGO Robotics Camps are for children 9 and older.

PAYMENT METHOD

- ☐ Check (enclosed—payable to Hamlin Robinson School)
- ☐ Credit Card No. _____
- Exp. Date _____ CCV _____ Amt. Paid \$ _____
- Name on Card (please print): _____

PAYMENT AND CANCELLATION POLICY

Summer Program registration is nonrefundable. Registration is on a space available basis. If my desired program is not available, my registration fee will be refunded in full or can be transferred to another workshop of my choosing, if available. **I have read and agree to the payment and cancellation policy.**

Return this completed form w/ payment to:
 Hamlin Robinson School
 1700 E Union St, Seattle WA 98122
*(Camp HRS will take place in our new building at 1701
 20th Ave S, but please don't send correspondence there yet.)*

Questions?

206-763-1167 or info@hamlinrobinson.org

Signature _____

Date _____

Camp HRS 2015 Emergency Information

MEDICAL INFORMATION

Hospital _____ City _____ Phone _____

Physician's Name _____ Physician's Phone _____

Health Insurance Provider _____ Policy Number _____

Allergies _____

List all medications taken on a regular basis _____

Other medical information _____

Does the student wear glasses? ☐ Yes ☐ No

MEDICAL RELEASE

I agree to permit _____ (*student name*) to be hospitalized and treated by any licensed physician in case of accident, injury or illness. I further agree to defend, indemnify and hold harmless Hamlin Robinson School, its employees and agents from charges incurred for medical services as a result of such treatment. I further agree to hold harmless Hamlin Robinson School from any and all claims of damages which may be incurred due to the negligence of any such hospital or physician.

EMERGENCY RELEASE PERMISSION

Please list ALL adults (carpool drivers, relatives, friends, etc.) who have your authority to transport your child to and from Hamlin Robinson School. This includes daily carpool and any unusual dismissal situations. **Students will only be released to persons authorized on this form.**

Name _____ Daytime Phone _____

Relationship to Student _____ Mobile Phone _____

Name _____ Daytime Phone _____

Relationship to Student _____ Mobile Phone _____

Name _____ Daytime Phone _____

Relationship to Student _____ Mobile Phone _____

In the event of an emergency, my child ☐ may / ☐ may not be transported by an HRS staff member.

OUT OF STATE CONTACT

Name _____ Daytime Phone _____

Relationship to Student _____ Mobile Phone _____

Hamlin Robinson School does not discriminate on the basis of race, color, religion, gender, gender identity, disability, sexual orientation, socioeconomic status, national or ethnic origin, or other legally protected status in providing access to the rights, privileges, programs, or activities generally available to participants.