

# STEM Camp Registration Form

TEL: 302-981-8445 EMAIL: [cbrewer@focusingonfamilies.com](mailto:cbrewer@focusingonfamilies.com) WEB: [www.focusingonfamilies.com](http://www.focusingonfamilies.com)

Address: 401 Ogletown Road Suite 5766 Newark, DE 19702

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

### CAMPER'S INFORMATION HERE

#### 1. Camper Information:

- Male
- Female
- Check this box if address and home phone are the same as yours

Name (First, Last): \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at time of camp: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_

Group Buddy Request: (Limited to one child. Request must be in same grade and must be mutual) \_\_\_\_\_

#### List all Allergies and Dietary Restrictions:

\_\_\_\_\_

### YOUR INFORMATION HERE

#### 2. Parent #1/Guardian #1 Information:

(all correspondence and invoices will be sent to this person)

Name (First, Last): \_\_\_\_\_ DOB \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ *\*please be sure that your email address is valid. You will receive all correspondence to this email. Add "[cbrewer@focusingonfamilies.com](mailto:cbrewer@focusingonfamilies.com)" to your address book to ensure delivery.*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Custodial Parent:      **Yes**    **No (circle one)**

#### 3. Parent # 2/Guardian #2 Information:

(note: all correspondence and invoices will be sent to the parent/guardian named above)

Name (First, Last): \_\_\_\_\_ DOB \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ *\*please be sure that your email address is valid. You will receive all correspondence to this email. Add "[cbrewer@focusingonfamilies.com](mailto:cbrewer@focusingonfamilies.com)" to your address book to ensure delivery.*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Custodial Parent:      **Yes**    **No (circle one)**

- Should be contacted in case of emergency and has permission to pick up camper.

Camper's Name \_\_\_\_\_

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#### 4. Emergency Contacts and Authorized Pick Up Persons: (In addition to parents/guardians)

Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from

Name: \_\_\_\_\_ Relation to \_\_\_\_\_  
Camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to \_\_\_\_\_  
Camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

#### 5. How did you hear about Focusing on Families STEM CAMP?

\_\_\_\_\_

#### 6. PARENTAL CONSENT TO TREATMENT / ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I hereby authorize the Focusing on Families, Inc./STEM Camp Staff to provide routine health care, administer medications as ordered by a physician, obtain emergency medical treatment including radiology and laboratory studies, and arrangement of transportation for same. I agree to the release of any records necessary for medical treatment or insurance purposes. I consent to allow the physician selected by STEM Camp Staff to secure and administer treatment, including hospitalization for the minor named above.

Parent Signature \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

I understand these risks and release STEM CAMP/Focusing on Families, Inc., and the directors, trustees, officers, volunteers and employees of STEM CAMP/Focusing on Families, Inc. from all liability for damages or injuries resulting from camp activities, negligence or defects in the preparation, instruction, or equipment.

STEM CAMP/Focusing on Families, Inc. is not responsible for lost, stolen, or damaged personal articles.

I authorize STEM CAMP/Focusing on Families, Inc. to have and use photographs, slides, videotapes, and comments of the person(s) named on this application as needed in promotional materials and public relations programming.

I individually and corporately agree to hold harmless, STEM CAMP/Focusing on Families, Inc. its volunteers, agents, employees and officers irrespective of any negligent act or omission by STEM CAMP/Focusing on Families, Inc. and/or those individuals arising from or related in any way to this STEM CAMP/Focusing on Families, Inc.

Parent Signature \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

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**7. PAYMENT INFORMATION** (\$10 discount for siblings)

**Early Registration:** March 8th - April 11th

\$55.00 per child x \_\_\_\_\_ = \$ \_\_\_\_\_

**Registration:** April 12th - May 30th

\$60.00 per child x \_\_\_\_\_ = \$ \_\_\_\_\_

**Late Registration:** May 31st - June 13th

\$65.00 per child x \_\_\_\_\_ = \$ \_\_\_\_\_

**8. TYPE OF PAYMENT:**

- Check Enclosed** (Made payable to Focusing on Families, Inc.)
- [PayPal \(Click Here\)](#)

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Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CANCELLATION POLICY**

Camp fees include a \$25 non-refundable fee. Refunds are given in the event of cancellations before June 5, 2020.

*Mail payment and form to*  
**Focusing on Families, Inc. Attn: STEM CAMP, 401 Ogletown Rd Suite 5766 Newark, DE 19702**  
*or*  
 Send form either to the same address or email it to [cbrewer@focusingonfamilies.com](mailto:cbrewer@focusingonfamilies.com)

STEM Camper's Name \_\_\_\_\_

**Camp Dates:** June 22nd - June 26th  
**Time:** 9am to 1pm  
**Location:** Newark Natural Foods Co-op  
 230 E. Main Street  
 Newark, DE 19711