



CAMP WELLNESS

2026 REGISTRATION FORM

Questions? Contact Nicole.Pakileata@rcrc.state.sc.us

CHILD INFORMATION

First Name: _____ Last Name: _____ Gender: _____

DOB: _____ Age: _____ Grade in Fall 2026: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ House #: _____ Work #: _____

Email: _____

PARENT/GUARDIAN INFORMATION (2)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ House #: _____ Work #: _____

Email: _____

PICK-UP INFORMATION

Please list the individuals who are allowed to pick up your child.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #: _____

Name: _____ Phone #: _____

MEDICAL INFORMATION

Please list any allergies, current medications and/or special requests:



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MEDICAL INFORMATION CONT.

I understand that under certain conditions emergency medical treatment may be required for my child during the hours he/she is in attendance at Camp Wellness Summer Program. If emergency treatment should be required for my child, and in the event that I cannot be reached, I hereby give my consent to the Richland County Wellness Center staff to secure emergency medical treatment as necessary.

Parents' Initials: _____

CAMP WEEKS - PLEASE CHECK THE ONE(S) YOUR CHILD IS ATTENDING

- JUNE 8 - JUNE 12 | \$160
- JUNE 22 - JUNE 26 | \$160
- JULY 6 - JULY 10 | \$160
- JULY 20 - JULY 24 | \$160
- JUNE 15 - JUNE 19 | \$160
- JUNE 29 - JULY 3 | \$160
- JULY 13 - JULY 17 | \$160
- JULY 27 - JULY 31 | \$160
- MINI CAMP: AUGUST 3 & 4 | \$50 ONE DAY | \$85 BOTH DAYS

****If you are interested in becoming a Junior Counselor (Rising 7th Graders - Rising 12th Graders), circle YES or NO**

PAYMENT INFORMATION

By registering for camp, I understand and agree to the following:

- A \$60 non-refundable deposit is required at the time of registration to secure my child's spot in camp. This deposit is applied toward the total weekly tuition of \$160 per week.
- The remaining balance will be automatically processed each Monday of the registered camp week using the payment method on file.
- Camp tuition is \$160 per week and will not be prorated for partial weeks or partial attendance.
- No refunds or credits will be issued for campers who do not attend a week for which they are registered, arrive late, or leave camp early.
- If my child is unable to attend a week that has already been paid for and proper notice is provided, the amount paid may be applied as a credit toward another camp session within the same camp season, subject to availability.
- If Camp Wellness is cancelled by the Richland County Wellness Center due to low enrollment, facility issues, or unforeseen circumstances, families will receive a full refund of tuition paid for the cancelled week.

By signing below, I authorize the Richland County Wellness center to initiate payment transactions to the credit card provided for all applicable camp fees, including deposits and weekly tuition. I understand that it is my responsibility to maintain current and accurate payment information. If a payment is declined, I understand that my child's participation may be suspended until the balance is resolved.

Card: VISA _____ MC _____ AMEX _____ DISC _____

First and Last Name (Print): _____

Card Number: _____ EXP: _____ CVV/CVC: _____

Parent/Guardian Signature: _____

Date: _____

For Office Use Only:

RCWC Employee Name: _____ Date: _____

Paid in Full? Circle: **YES** OR **NO** Total # of Weeks: _____ Amount: _____