

## OPASC FULL WEEK APPLICATION

\*Attach headshot photo of child

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Camper Age Birth date Email address

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Address City Zip Code School

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Mother's Name Home/Cell/Work Phone Father's Name Home/Cell/Work Phone

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Child's Physician Phone Emergency Contact Phone Relationship

T-Shirt (circle size) Child: XS S M L XL Adult: S M L XL Additional T \$12 Quantity\_\_\_\_\_

**Please circle the week(s) and times you would like your camper to attend. Your camper will be enrolled for the entire week you select.**

**Half day is 8:30AM-12:30PM, Full day is 8:30AM-3:30PM, Weeks 1 & 6 are pro-rated.**

Weeks	Times/Pricing		Amount (+ \$25 app fee)
1 (May 31-June 3)	Half Day (\$140)	Full Day (\$224)	
2 (June 6-10)	Half Day (\$185)	Full Day (\$280)	
3 (June 13-17)	Half Day (\$185)	Full Day (\$280)	
4 (June 20-24)	Half Day (\$185)	Full Day (\$280)	
5 (June 27-July 1)	Half Day (\$185)	Full Day (\$280)	
6 (July 5-8)	Half Day (\$140)	Full Day (\$224)	
7 (July 11-15)	Half Day (\$185)	Full Day (\$280)	

**Total:**

Please list any medical conditions/allergies or dietary considerations we should be aware of:

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I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release its directors, employees and their heirs from any liability and injury or illness incurred at camp. I have read and agreed to refund policy.

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Parent's signature Date Health Insurance Policy #

Can we use photos of your child captured at camp for display or advertising? Yes!\_\_\_\_\_initial here

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