



Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Name of School Student attends: \_\_\_\_\_  
 Parent/Guardian Names: \_\_\_\_\_  
 Contact Numbers: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Where did you learn about Stowe Summer Camp?  Web Site  newspaper  Other: \_\_\_\_\_

Stowe Summer Camp runs from 8:00am to 5:00pm daily. Campers may join us for the summer, by the week or by the day. Families may choose a full week of off site activities or choose to remain on site for a full-day or a half-day.

<b>Early Registration (until April 15<sup>th</sup>)</b> Full Days off site: \$285 /week Full Days on site: \$210 /week, \$42/day Half Days on site: \$150 /week, \$30/day	<b>Regular Registration (after April 15<sup>th</sup>)</b> Full Days off site: \$310 /week Full Days on site: \$235 /week, \$47 /day Half Days on site: \$175 /week, \$35 /day
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**Multiple weeks discount: Sign up for 3 weeks and receive a 10% discount, 6 weeks – 15%.**  
 These amounts include transportation and activity fees (except Horseback add \$5/day). Payment for each full week is due at drop-off the first day of each week. Please note that families who choose to cancel less than 72 hours prior to the scheduled week will be billed in full.

Make checks payable to *Apple Tree Learning Centers* or provide credit card information.  
 Please send this registration form and \$50 registration deposit to:  
 Stowe Summer Camp, 1056 Mountain Road, Suite #16, Stowe, VT 05672.  
 Email: [Stowesummercamp@appletreelc.com](mailto:Stowesummercamp@appletreelc.com)

If you are on site and can not commit to 5 days / week, circle which days you request:  
**M T W Th F**

<b>To Register: check the correct box</b>				
Week :	Activity:	Off Site Full Day	On Site	
			Full Day	Half Day
6/20-24	Horseback Riding			
6/27-7/1	Tennis Camp			
7/5-8	Rock Climbing			
7/11-15	Sailing Camp			
7/18-22	Gymnastics			
7/25-29	Mountain Biking			
8/1-5	Clay Art Camp			
8/8-12	Ice Skating			
8/15-19	Canoeing			
8/22-26	Fishing			

**Additional Information:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Payment:**  
 Tuition \$ \_\_\_\_\_  
 - Mltpl wks discnt: \$ \_\_\_\_\_  
 Total Due \$ \_\_\_\_\_  
 (- \$50 deposit) \$ \_\_\_\_\_ (if pre-paid)  
 Amount Enclosed \$ \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_

## Medical Emergency Form:

If neither parent can be reached, in case of emergency call:

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Disabilities: \_\_\_\_\_

## Permission Form:

**Emergency Treatment:** In the event of an illness or accident that requires immediate medical treatment, I give permission for the director or counselors at APPLE TREE LEARNING CENTERS STOWE SUMMER CAMP to authorize or perform such treatment. I will not hold Apple Tree Learning Centers, child-care workers, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parent, child's physician and other persons listed on the emergency contact.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**Transportation:** I give permission for my child to be transported in the Apple Tree vehicles to and from all off-site programs and activities.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**Swimming:** I give permission for my child to swim in the indoor and outdoor pool and participate in water play, which may include swimming at various outdoor locations such as the West Branch, the Ryder Brook, Lake Elmore, etc.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**Topical Lotion/Medication:** I give permission for my child to receive the following:

\_\_\_ Sunscreen \_\_\_ Insect Repellant \_\_\_ Pain Reliever (Advil/Tylenol)

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**Publicity and Research:** I give permission for my child's photograph to be used in publicity for Apple Tree Learning Centers. I give permission for my child to be included in evaluations and pictures connected with the Stowe Summer Camp program.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

I hereby assume all risk of injury to my child arising out of his/her participation in this Apple Tree Learning Centers Stowe Summer Camp program. I specifically release Apple Tree Learning Centers from any and all liability, including negligence (active or passive) as to any right of action or claim to relief. I further hold Apple Tree Learning Centers and the Golden Eagle Resort and each of its owners and employees harmless from any and all liability, actions, causes of actions, debt claims and demands of every kind and nature whatsoever which now have or which may arise from or in connection with my child's participation in any other activity related thereto.

**I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.**

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date