

2015 OCCS Summer Camp Registration Form

706-247-6418 SummerCampOCCS@gmail.com

Student Information

First Name	Last Name
Birthdate / /	Gender F M
Grade in Fall 2015 (Regular school)	School Name in Fall 2015 (Regular school)
Home Address	

Parent / Guardian Information

First Name	Last Name	Email*
Relationship		Primary Phone
First Name	Last Name	Email *
Relationship		Primary Phone
<i>Registration confirmations and other important information will be sent to this email Address.</i>		

Emergency Contact Information	T-Shirt Size No additional cost.
First Name	Youth XS S M L
Last Name	
Phone 1 Phone 2	Adult S M L XL

Parent / Guardian Authorization And Release

Yes No I permit OCCS Summer Camp to use, in whole or in part, photographs of my child in school communications.

I authorize my child to participate in the OCCS Summer Camp. I release and forever discharge OCCS and its employees, either jointly or severally, from any and all claims, damages, obligations, causes of action or suits, resulting from bodily injury to my child or damage to or loss of my child's property arising from participation in this program and any travel related thereto.

In case of emergency, if parents, emergency contact person, or child's physician cannot be reached by phone, I authorize OCCS Summer Camp to arrange for emergency medical treatment inclusive of surgical intervention for my child, and I agree to assume liability for any medical expenses incurred.

Signature (Required)

2015 OCCS Summer Camp Registration Form

Session 1 June 8-12		
Full (7:30-6:00) <input type="checkbox"/>	Half(7:30-12:00) <input type="checkbox"/>	Half(1:30-6:00) <input type="checkbox"/>
Session 2 June 22-26		
Full (7:30-6:00) <input type="checkbox"/>	Half(7:30-12:00) <input type="checkbox"/>	Half(1:30-6:00) <input type="checkbox"/>
Session 3 July 6-10		
Full (7:30-6:00) <input type="checkbox"/>	Half(7:30-12:00) <input type="checkbox"/>	Half(1:30-6:00) <input type="checkbox"/>
Session 4 July 20-24		
Full (7:30-6:00) <input type="checkbox"/>	Half(7:30-12:00) <input type="checkbox"/>	Half(1:30-6:00) <input type="checkbox"/>
Session 5 August 3-7		
Full (7:30-6:00) <input type="checkbox"/>	Half(7:30-12:00) <input type="checkbox"/>	Half(1:30-6:00) <input type="checkbox"/>
Session 6 August 17-21		
Full (7:30-6:00) <input type="checkbox"/>	Half(7:30-12:00) <input type="checkbox"/>	Half(1:30-6:00) <input type="checkbox"/>

Payment Information

Check: payable to OCCS
Please send completed registration form to:

OCCS
P.O.Box 82578
Columbus, OH 43202

706-247-6418

[**SummerCampOCCS@gmail.com**](mailto:SummerCampOCCS@gmail.com)

Registration Deadlines and Fee

Assessment

Registration Deadline: May 25

All fees are due by May 31.

A fee of 10% of the total will be assessed if payment are received after May 31.

Cancellations made after May 31 will be charged \$100.

Registration is not complete until payment is received.

OCCS reserves the right to cancel a session if the enrollment number is low.

Camp Fee (Early bird and other discounts)

Register with full payment before April 30

* 180/session current OCCS students; 200/session non-OCCS students

Registration with full payment after April 30

* 200/session current OCCS students; 220/session non-OCCS students

Half day program:

\$110/session current OCCS students; \$120/session non-OCCS students

Future OCCS students enjoy the same discount rate as OCCS students when register for 2015-2016 Fall Semester (discount redeemable during school registration by presenting camp receipt)

\$25 non-refundable registration fee.

No hidden fee! Before and After Extended care service is free. (7:30am-8:30am; 5:00-6:00pm)

Sessions 1-6

Total Amount

\$ _____

Registration Fee:

____\$25 non-refundable

Daily Schedule

7:30-8:30 Early care (Free)

8:30-9:00 Check-in

9:00-12:00 Classes

12:00-1:30 Lunch/Recess

1:30-4:30 Classes

4:30-5:00 Check-out

5:00-6:00 After care (Free)



OCCS SUMMER CAMP

www.columbus-occs.org

To Be Completed by Parent/Legal Guardian

Program Sessions:

- Session 1 (June 8 - June 12)
- Session 2 (June 22 - June 26)
- Session 3 (July 6- July 10)
- Session 4 (July 20 - July 24)
- Session 5 (Aug 3 - Aug. 7)
- Session 6 (Aug 17- Aug.21)

Contact US:

706-247-6418

SummerCampOCCS@gmail.com

Deadlines for Registration

May 25, 2015

- 1) All fees are due by May 31.
- 2) A fee of 10% of the total will be assessed if payment are received after May 31.
- 3) Cancellations made after May 31 will be charged \$100.
- 4) Registrations is not complete until payment is received.

Payment Information

Check: Payable to OCCS

Please send Registration Form, Medical form and Check to:

OCCS
P.O.Box 82578
Columbus, OH 43202

OCCS Summer Camp Medical Form

Child's Name _____ Date of Birth _____

Age _____ Female _____ Male _____

Parent/Legal Guardian _____

Address _____

When can you be contacted during the day? (Home) _____

Other _____ Work _____

Family Physician _____ Phone _____

Relative or Friend authorized to act in your behalf if you cannot be reached:

Name	Relationship	Phone

In case of an emergency, the above child may be treated by a doctor: Yes _____ No _____

Health Insurance Co. _____ Policy No. _____

List allergies to food, drugs, plants, insects, etc. _____

Special considerations and/or conditions that may require attention: _____

To the best of my knowledge, the above child is physically fit and in good health. I understand that all standard safety measures will be taken. I do not hold OCCS Summer Camp or its staff liable for illness or accident.

Parent/Legal Guardian

Date