



APPLICATION FORM FOR STUDENTS ENTERING GRADES 7-8

Registration is confirmed upon receipt of applicant's completed form and deposit.
Read carefully. Applicants need to complete all parts according to directions.

ADDITIONAL APPLICATIONS AND ONLINE ENROLLMENT FORM AVAILABLE AT WWW.SUMMERQUEST.ORG.

PART 1 (Please Print)

Student Name _____ Gender _____ Date of Birth _____
Address _____ Phone _____
City _____ Entering Grade (Fall 2016) _____
State _____ Zip _____ School _____
Parent 1 Name _____ Work Phone _____ Cell Phone/Pager _____
Parent 2 Name _____ Work Phone _____ Cell Phone/Pager _____
Parent 1 Email _____ Parent 2 Email _____

Special Grouping Requests: _____

PLEASE CIRCLE ALL APPROPRIATE INFORMATION (7/5-7/15):

Before Care: Yes No

After Care: Yes No

T-Shirt Size: Child: L (14-16) Adult: S M L

A registration deposit of \$450 for residents and \$475 for non-residents is required with enrollment. Make checks payable to SummerQuest. Mail form, along with deposit, to SummerQuest, #2 Mark Twain Circle, Clayton, MO 63105.

PART 2 (Please Print) **SUMMERQUEST EMERGENCY and MEDICAL INFORMATION**

Emergency Contacts: (IN THE EVENT THAT PARENTS ARE UNREACHABLE)

Name _____ Phone _____ Cell Phone _____
Name _____ Phone _____ Cell Phone _____

Physician _____ Phone _____
Dentist _____ Phone _____

Insurance Company: _____
Subscriber: _____ Policy#: _____

If your child is on medication, please specify: _____

Please list any of your child's known allergies (include medications, foods, insects) _____

Please circle the medication(s) below that you give consent for SummerQuest staff to administer to your child:

Acetaminophen Ibuprofen Benadryl

SummerQuest does not discriminate based on race, color, religion or national/ethnic origin in its employment or admitting practices.

PART 3 Indicate your top six activity choices.

Students will participate in **FOUR** activities per day during the two-week session. Please rank your top **SIX** choices from the columns below (#1 = first choice, #5 and #6 = back up choices). Design the perfect two-week session with your friends!

Fine and Performing Arts

- _____ Canvas Art
- _____ Cakes, etc.
- _____ Dance
- _____ Jewelry Making
- _____ Photography
- _____ Restaurant Possible
- _____ Theater
- _____ Wearable Art

Science and Technology

- _____ Brain Games
- _____ Chemistry Blow Out
- _____ Claymation
- _____ iMovie
- _____ Mini Med School
- _____ Robotics
- _____ Rocketry
- _____ Woodworking

Recreation Activities

- _____ PM Rec Swim
- _____ Racket Sports
- _____ Rock Climbing
- _____ Team Sports

PART 4

If your child requires special assistance, please provide details on the services requested:

PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS

- If this application is accepted, I agree to pay all fees associated with this summer program as outlined on this form.
- In the event that my child needs emergency medical treatment and you are unable to reach the contacts provided on this form, I give my consent for SummerQuest to obtain, through a licensed medical professional and hospital of choice, such medical care that is reasonably necessary for the welfare of my child. I also agree to assume the cost for transport and treatment in such an emergency situation.
- I give permission for the image or likeness of my child to be used by SummerQuest on the camp website, in various camp-related publications and in media releases.
- I give permission for the School District of Clayton to contact me with information about my child or my child’s summer program via a pre-recorded phone message or mobile text message to any of the phone numbers listed on this form.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____