



**APPLICATION FORM FOR CAMPERS ENTERING KINDERGARTEN THROUGH GRADE THREE**

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)

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Entering Grade (Fall 2012) \_\_\_\_\_  
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 SECTIONS

**Sessions:** Session 1 (6/11 – 6/22) Session 2 (6/25 - 7/6) Session 3 (7/9 - 7/20)  
**Before Care:** Session 1 Session 2 Session 3  
**After Care:** Session 1 Session 2 Session 3  
**T-Shirt Size:** Child: S (6-8) M (10-12) L (14-16) Adult: S M L

A registration deposit equivalent to one session fee is required with enrollment. The deposit for current students and Clayton residents is \$395, non-residents is \$415 and students entering kindergarten is \$425.  
Make checks payable to SummerQuest. Mail form, along with deposit, to:  
SummerQuest • 50 Gay Ave. • 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**

IF APPLICABLE, PLEASE CHECK ALL APPROPRIATE SECTIONS

- Special Education Services:** SummerQuest wishes to plan appropriate services and staff for all campers. Please check this box if your child receives services from the Special School District through an IEP or has a 504 plan.
- Voluntary Student Transfer (VST) Program:** Please check this box if your child is enrolled in the VST Program.
- Elementary Summer Academy (ESA):** Please check this box if your child will be attending the Elementary Summer Academy, offered to School District of Clayton students by teacher recommendation only. Campers who are enrolled in ESA will be scheduled into SummerQuest for half of the day in sessions one and two. ESA is not offered during session three.

PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS

- If this application is accepted, the above parent/guardian agrees to pay all fees associated with this summer program as outlined above.
- In the event that my child needs emergency medical treatment and you are unable to reach the contacts listed above, 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.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_