



**APPLICATION FORM FOR CAMPERS ENTERING K-3**

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 2017) \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_  
Parent 1 Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent 2 Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent 1 Email \_\_\_\_\_ Parent 2 Email \_\_\_\_\_

**Special Grouping Requests:** \_\_\_\_\_

PLEASE CIRCLE ALL APPROPRIATE SECTIONS:

<b>Sessions:</b>	Session 1 (6/5 – 6/16)	Session 2 (6/19 - 6/30)	Session 3 (7/3 - 7/14)			
<b>Before Care:</b>	Session 1	Session 2	Session 3			
<b>After Care:</b>	Session 1	Session 2	Session 3			
<b>T-shirt Size:</b>	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 campers entering kindergarten through third grade is \$450 for residents and \$475 for non-residents. 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**

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: \_\_\_\_\_