

**School's Out Day Camp Registration**

Please fill out one form per child enrolling in camp

Return Forms To:

Independence Seaport Museum

211 S. Columbus Blvd

Philadelphia, PA 19106

Email: [camp@phillyseaport.org](mailto:camp@phillyseaport.org)

Phone: 215-413-8663

Camper Name \_\_\_\_\_

Camper Age \_\_\_\_\_

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

E-mail \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Are you a member of Independence Seaport Museum?

Yes

No

If you would like to purchase a membership with your enrollment, please call 215.413.8663.

**Dates & Themes:***Each Regular Camp Day Runs 9 a.m. to 4 p.m.* **January 16: Engineer Kids!** (Martin Luther King Day) **February 20: Discovery at Sea!** (Presidents' Day) **April 10-14: Spring at the Seaport***Select to register for the full week* **Monday, April 10:** Before Care  After Care  **Tuesday, April 11:** Before Care  After Care  **Wednesday, April 12:** Before Care  After Care  **Thursday, April 13:** Before Care  After Care  **Friday, April 14:** Before Care  After Care 

How did you hear about us? \_\_\_\_\_

Fees:

Members: \$50/day; Non-Members: \$60/day

Extended Care:

Before Care: \$5/day

After Care: \$10/day

Extended Care: Please write in

Before and/or After Care Needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings Discount:

Register one camper in a single day of camp at regular price and receive \$5 off each additional camper's enrollment.

*Does not apply to Before or After Care. Cannot be applied to enrollment in separate day camps.*

Payment, Cancellation &amp; Refund Policies

A 50% non-refundable deposit per camper per day enrolled is due upon registration. Final balances are due one week prior to the start of the first day of camp enrolled. Before Care must be arranged no later than the week before. Only After Care may be added the day of.

School's Out Day Camp Medical, Permission, & Release Form  
**Please fill out one form per child enrolling in camp**

Camper Name \_\_\_\_\_ Camper Birthdate \_\_\_\_\_ Gender: M F

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Health Concerns:**

Please state health concerns, (including physical and/or learning challenges), dietary restrictions, allergies, and medications that needs to be administered. We will make every effort to accommodate needs.

\_\_\_\_\_  
\_\_\_\_\_

Tylenol may be given:  Yes  No      First Aid may be given:  Yes  No

Emergency Contact (used only if unable to contact guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Authorized Adults for Pick up:**

I give permission for my child to leave Seaport Summer Camp with the following adults (aside from parent/guardian):

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

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

**Alternative Departure:**

I grant my child permission to leave Seaport Summer Camp at 4pm unaccompanied:  Yes  No

Indicate Means:  Walking  Biking  Public Transportation

**Video/Audio Image Release:**

I grant permission to Independence Seaport Museum, its employees and agents, to take and use visual/audio images of my child. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as web sites, publication, promotions, broadcasts, advertisements, or posters. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release Independence Seaport Museum and its employees and agents, including any firm authorized to publish and/ or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I understand and accept these terms for the video/audio release as the parent/guardian.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date