

Student Name _____ Age _____ DOB _____
 Home address _____ City _____ State _____ ZIP _____
 Home phone _____ Parent's e-mail _____ Alternative e-mail _____
 Mother's/guardian's name _____ Daytime phone _____ Mobil phone _____
 Father's/guardian's name _____ Daytime phone _____ Mobil phone _____
 Emergency Contact name _____ Daytime phone _____ Mobil phone _____

# OF WEEKS ATTENDING	TUITION RATES	
	Total Full Day	Total Half Day
One Week	\$375	\$200
Two Weeks	\$750	\$400
Three Weeks	\$1,075	\$580
Four Weeks	\$1,400	\$760
Five Weeks	\$1,725	\$940

# OF WEEKS ATTENDING	TUITION RATES	
	Total Full Day	Total Half Day
Six Weeks	\$2,050	\$1,120
Seven Weeks	\$2,375	\$1,300
Eight Weeks	\$2,700	\$1,480

Camp is operating from 8:30am to 5:30pm.

Week #	Dates	Check Weeks Selected	Full or Half day option (F/H)
1	July 6 - July 10		
2	July 13 - July 17		
3	July 20 - July 24		
4	July 27 - July 31		
5	August 3 - August 7		
6	August 10 - August 14		
7	August 17 - August 21		
8	August 24 - August 28		

Total Camp Tuition: \$ _____.

MEDICAL INFORMATION

Please list any allergies, fears, disability, medical conditions or other special needs camp's staff should be aware of: _____

Name of family physician: _____ Phone _____ Insurance Company _____ HMO or PPO _____
 Insurance company address _____ City _____ State _____ ZIP _____
 Policy subscriber's name _____ Policy #: _____ Group #: _____

MEDICAL TREATMENT AUTHORIZATION: I hereby authorize the WizKids Daycare to arrange for transportation in case of accident or acute illness of my child. In the event it is impossible to receive instructions from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter and administration of drugs and medication and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief or preservation of my child's life, and/or health and well-being. I/We agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

RELEASE: I/We, the undersigned, individually and as parent(s) and/or guardian(s) of _____, a minor, ask that he/she be admitted to participate in camp sponsored by WizKids Daycare, Inc. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless the WizKids Daycare, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the summer camp or in the course of activities held in connection with the camp. We have read, understand and fully accept the policies and procedures of the WizKids Daycare and of the affiliated camp.

Parent/Guardian Signature: _____ Date _____

Please fill out this registration form and return by email. Please submit payment either using your bank's electronic service such as Quickpay (Zelle) - use our email wizkids@wizardsofthemind.com or pay through Venmo to Wizards of the Mind, phone# 973-262-1395

You can also print and mail out registration form together with check to our address: WizKids Daycare, 379 Morris Avenue, Springfield, NJ 07081