

Summer Day Camp 1: June 6 - 17, 2011

Camp 1 Registration Form

Name of Student: _____

Registrations should be received no later than May 20, 2011. (Late registrations will be accepted at the discretion of Intedurec staff.)

Please place a check (✓) next to the appropriate information:

_____ My child is currently participating in Intedurec Extracurricular Learning Groups, and his/her information is up-to-date. (Please disregard the attached information form.)

_____ My child is currently participating in Intedurec Extracurricular Learning Groups, but his/her information needs to be updated. (Please fill out the appropriate sections on the attached information form.)

_____ My child is participating in an Intedurec activity for the first time.
(Please fill out the entire attached information form.)

Please place a check (✓) next to the appropriate information.

_____ **2-Week Enrollment** (full-time, M-F, 9:00-5:00) - \$490

_____ **1-Week Enrollment** (full-time, M-F, 9:00-5:00) - \$245

_____ **Individual Course Enrollment** (Please check (✓) the appropriate spaces below. Price information for individual courses is below.)

Art/Music Courses

_____ **TUESDAYS** (1:00-3:00pm, Location: WRCC): **DRAWING** - \$40

_____ **MONDAYS/WEDNESDAYS** (1:00-3:00pm, Location: WRCC): **ARTS & CRAFTS** - \$80

_____ **THURSDAYS** (3:00-5:00pm, Location: WRCC): **CALLIGRAPHY** - \$40

Language Courses

_____ **WEDNESDAYS/FRIDAYS** (10:00am-12:00pm, Location: WRCC): **ENGLISH WRITING** - \$80

_____ **TUESDAYS** (3:00-5:00pm, Location: WRCC): **READING LITERATURE** - \$40

Science Courses

_____ **MONDAYS/ WEDNESDAYS** (3:00-5:00pm, Location: WRCC): **LEGO SCULPTURES – LEGO ART & ARCHITECTURE** - \$80

Sports Courses

_____ **MONDAYS/THURSDAYS** (10:00am-12:00pm, Location: LGC): **GOLF** - \$80

_____ **TUESDAYS** (10:00am-12:00pm, Location: SKFA): **MARTIAL ARTS** - \$40

_____ **FRIDAYS** (3:00-5:00pm, Location: WRCC): **SOCCER** - \$40

Special Courses/Field Trips

_____ **THURSDAY**, June 9, 2011, 1:00-3:00pm: **TBD** - \$15

_____ **FRIDAY**, June 10, 2011, 1:00-3:00pm: **TBD** - \$15

_____ **THURSDAY**, June 16, 2011, 1:00-3:00pm: **TBD** - \$15

_____ **FRIDAY**, June 17, 2011, 1:00-3:00pm: **TBD** - \$15

WRCC = Windsor Road Christian Church, 2501 W. Windsor Rd, Champaign, IL 61822

LGC = Legends Golf Course, 4551 Nicklaus Dr, Champaign, IL 61822

SKFA = Song's Kung Fu Academy, 1827 West Springer Dr, Champaign 61821

Total Amount Due: _____

Please mail registration forms to:

Intedurec

903 Phlox Dr.

Savoy, IL 61874

Please make checks payable to "Intedurec."

For office use only:

Date received: _____

Received by: _____

Paid by: cash / check

Registrations should be received no later than May 20, 2011. (Late registrations will be accepted at the discretion of Intedurec staff.)

Information Form

STUDENT INFORMATION

Name: _____ Gender: M or F Birthdate: _____
Address: _____
Parent/Guardian Names: _____
Place of Employment: _____
(Home) _____ (Work) _____ (Cell) _____
E-mail _____

DISMISSAL AUTHORIZATION

Parent/Guardian/Authorized Alternate **MUST SIGN THEM IN and OUT.**
No child will be permitted to leave class with persons other than a Parent/Guardian/Authorized Alternate listed below. **Proof of identification will be needed to pick up students.**

Parent/Guardian Name: _____
Parent/Guardian Name: _____
Authorized Alternate: _____
Authorized Alternate: _____

EMERGENCY CONTACTS AUTHORIZATION

The *Intedurec* Authority has my permission, in an emergency, to call 911 and/or send my child to a Hospital/Urgent Care facility, and the Medical Personnel have my authorization to provide treatment that a Physician deems necessary for the well-being of my child. The *Intedurec* Authority will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts.

Parent/Guardian Signature _____

NOTE: *Emergency Contacts cannot be the parents/guardians. You MUST list at least **two** Emergency Contacts.*

Name: _____ Relation: _____
Address: _____
(H): _____ (W): _____ (C): _____

Name: _____ Relation: _____
Address: _____
(H): _____ (W): _____ (C): _____

HEALTH/MEDICAL INFORMATION

Physician's Name: _____ Phone: _____
____ My child has allergies to the following: _____
____ My child does not have any allergies
____ My child will require medication to be administered while in your care. I understand that I will need to complete a medication authorization from prior to my child attending program. **Parent Initial**

VIDEO/PHOTO AUTHORIZATION

____ I give permission for the *Intedurec* Authority to include my child in photos/videos that will become *Intedurec* Authority property.
____ I DO NOT give permission for the *Intedurec* Authority to include my child in photos/videos.

PARTICIPATION AGREEMENT and FIELD TRIP AUTHORIZATION

Intedurec assumes no liability for injuries or damages arising from the result of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning the ability to participate. All activities present inherent risks and hazards that the participant assumes. I hereby approve of my child's participation in this Recreation Program. My child has permission to attend and be transported on the Camp's field trips.

Parent/Guardian Signature _____ **Date** _____

My signature below indicates that I have completed and understand the information on this form pertaining to:

- * Emergency Contacts * Dismissal Authorization
- * Video/Photo Authorization * Medical Information
- * Participation Agreement * Fieldtrip Authorization

Parent/Guardian Signature _____ **Date** _____