

Summer 2010 Registration Form

(Please **mail (DO NOT FAX)** all applications to Pfeifer Camp, 5512 Ferndale Cutoff, Little Rock, AR 72223)

Complete this registration form and return it to the camp as soon as possible and before April 30th, 2010. The camp sessions are filled on a first-come, first-served basis with regard to age (**must be age 9-14**), race, and gender. Slots fill up quickly, so **don't delay**. Confirmation letters will be mailed after May 1st.

Requirements: Before any child may stay at camp, we must have copies of the **physical, birth certificate, and immunization record**. **The health form must be signed by a physician or nurse practitioner**. You may bring these documents with you on the first day of camp or mail them to the camp.

PLEASE PRINT

Name: Last _____ First _____ Middle _____ Nickname _____

Age _____ Race _____ Sex _____ Date of Birth _____ Child's Social Security Number _____

Address _____ Apt # _____ City _____ State _____ Zip: _____

With whom does this person live? (name) _____ Home Phone _____ Work Phone _____

Cell Phone _____ School _____ Grade _____ Religion _____
10-11 _____ 10-11 _____

Brothers and sisters may attend the same session if space is available. On the lines below, please list any siblings that you would like to attend during the same session.

****This does not register them for camp. A separate registration form must be completed for each camper!!!**

How did you hear about Pfeifer Camp? _____

Please list other organizations in which your child participates during the year. (i.e. Boys/Girls Club, Community Centers, PARK, YMCA, YWCA, etc.) _____

CAMP GUIDELINES (This is a free camp)

Registration each Monday is from 9:00 a.m. to 11:00 a.m. Parents are responsible for arranging transportation to and from the camp. **Campers must be picked up on Friday between 10:00 a.m. and 11:00 a.m. (no exceptions). Failure to pick up your child by 11:00 a.m. will result in a \$1 per minute charge for every minute you are late and may jeopardize future participation in camp programs.** Campers may be involved in field trips outside the camp and will be transported by camp staff as needed. The camp reserves the right to release photographs, video, and/or written information/articles of campers to be used for advertising, public relations, fund-raising, or grant reporting purposes. Campers must adhere to the camp's rules and discipline model that emphasizes acceptance of responsibility. We reserve the right to dismiss campers early, if necessary, due to medical or behavioral problems. Campers are not allowed to make or receive phone calls or to have visitors while at camp. Campers are not allowed to leave during a camp session. **No electronic devices allowed (Gameboys, cell phones, etc.)**

I have read and agree to follow these camp guidelines. I understand that if my child or I fail to meet those guidelines, my child may be dismissed from Pfeifer Camp. Furthermore, I authorize Pfeifer Camp and its qualified staff to render medical treatment to the camper named on that form as may, in the judgment of the camp staff, be necessary for his/her health and/or well-being.

Parent/Guardian Signature _____ Date _____

Please rank (in order of preference) the week that you would like to request for your child to attend camp. If there is any week that your child is unable to attend camp, please note this also by placing "NA" next to that week.

_____ Session I (June 14-19)

_____ Session II (June 21-25)

_____ Session III (June 28-July 2)

_____ Session IV (July 5-9)

_____ Session V (July 12-16)