Summer Camp Registration

We are excited to welcome ________________________________
(first and last name of child)
to Summer Camp: Creature Comforts at Tudor Place. This camp will take place August 3-7, 2020 from 9:00 am to 12:00 pm. Participating children must be between 4 and 6 years of age at the beginning of camp.

Please return forms and payment to:
Tudor Place Education Department
1644 31st Street, NW, Washington, DC 20007
Fax: (202) 965-0164
Summer Camp Payment Form

Child’s Name: _________________________

Fees:

___ $150 Member
___ $175 Nonmember
___ $10 discount if registering before May 1, 2020.

I would like to enroll my child in extended care for:

- 8:00 to 9:00 am
  - M T W Th F @ $10/session
- 12:00 to 1:00 pm
  - M T W Th F @ $10/session
- Full Week (Morning and Afternoon Extended Care) @ $100/full week

Total Amount Due: _______________

Refund Policy:

- A half refund will be granted for cancellations received by 5 pm on June 1, 2020.
- No refunds will be granted for cancellations received after 5 pm on June 1, 2020 (unless for medical reasons accompanied by doctor’s note).

Payment:

- Check payable to Tudor Place is enclosed
- Please charge my credit card:

  __________________________________________________________________________________________

  Cardholder Name

  __________________________________________________________________________________________

  Cardholder Signature

  __________________________________________________________________________________________

  Billing Address

  - Visa
  - Amex
  - MC
  - Discover

  __________________________________________________________________________________________

  Credit Card Number

  __________________________________________________________________________________________

  Expiration Date

  __________________________________________________________________________________________

  Security Code

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Summer Camp
Guidelines & Rules of Conduct

What your child should bring:
All necessary camp materials and supplies, including a morning snack, will be provided for each child. Please make sure your child dresses comfortably each day and is prepared for the weather. Outdoor activities will be held rain or shine. Please bring a labeled bag or backpack with sunscreen and bug spray. We recommend applying sunscreen before arriving to camp. For children enrolled in aftercare, a bagged lunch with a drink is recommended.

Please label all belongings. Tudor Place is not responsible for lost or stolen items. Personal belongings should be kept in a backpack.

Drop-Off & Pick-Up:
Parents should drop off and pick up their children on time each day. A photo ID will be required to pick up campers each day of camp. Drop off will take place at the Museum’s Pierce Arrow Classroom. Enter the site through the main gates at 1644 31st St., NW and follow signs. Directions to Tudor Place and parking information are available on our website at www.tudorplace.org.

Late Pick-Up Fees:
If you are more than ten minutes late picking up your child(ren), you will be assessed a $5/child late fee that will cover you for 30 minutes. After 12:30 pm, you will be assessed an additional $5/child late fee that will cover you for 30 minutes. After 1 pm, $5/child will be charged for each additional set of 10 minutes.

Refund Policies:
- A half refund will be granted for cancellations received by 5 pm on June 1, 2020.
- No refunds will be granted for cancellations received after 5 pm on June 1, 2020 (unless for medical reasons accompanied by doctor’s note).

Museum Manners:
LOOK: Do not touch artifacts. The oil from your fingers may damage them.
WALK: Do not run inside the museum.
TALK QUIETLY: Please be respectful of museum visitors by keeping your voice down.
STAY TOGETHER: Remain with your group at all times.

I have read and understand the Summer Camp: Creature Comforts Guidelines and Rules of Conduct, shared them with my child, and ensure his/her compliance to maintain a safe and enjoyable experience for everyone.
Parent/Guardian Signature: ____________________________________________________

Media Release Waiver:
I give permission to allow ______________ (child’s name) to be photographed by members of the Tudor Place Staff. I understand that any photographs will be used in the future for Tudor Place program publicity only, which includes print and Internet media.
Parent’s/Guardian’s Signature: ________________________________ Date: ________________
Summer Camp
Pick-Up Authorization Form

Child’s Name: _________________________

The following people are authorized to pick up my child. I understand that my child will be allowed to leave with these individuals ONLY and that they MUST show a photo I.D. when signing my child out.

<table>
<thead>
<tr>
<th>Authorized Person’s Name</th>
<th>Relationship to Child</th>
<th>Phone #</th>
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<tbody>
<tr>
<td>1. __________________________</td>
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</tbody>
</table>

Parent Signature: ______________________________

Date: ____________________

Camper Attendance Record (To Be Filled Out by Museum Staff)

<table>
<thead>
<tr>
<th>Day</th>
<th>Time In</th>
<th>Initials</th>
<th>Time Out</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Tuesday</td>
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</table>
Summer Camp
Emergency Medical Authorization Form

Child’s Name: _________________________________  Gender: ____________

Age on 8/3/2020: ___________  Grade Level Completed: ____________

Parent’s/Guardian’s Name: _______________________________________________

Daytime Phone: ________________  Cell Phone: _____________________________

Address: ______________________________________________________________

Email: ___________________________________________________________________

(1) In Case of Emergency Contact: __________________________________________

Relationship to Child: _____________________________________________________

Phone Number (1):__________________________ (2):___________________________

(2) In Case of Emergency Contact: __________________________________________

Relationship to Child: _____________________________________________________

Phone Number (1):__________________________ (2):___________________________

During the week of camp, campers will take part in a variety of indoor and outdoor activities. Campers will come in contact with grass and plants typical of the urban DC area, seasonal pollens outdoors, possible heat and humidity, climate controlled air indoors, regular stair-climbing, and occasional physical activities like dancing or badminton.

Does your child have any medical conditions that require special consideration for participation in outdoor activities?

☐ Yes
☐ No

If yes, please list: ____________________________________________________________________________

__________________________________________________________________________________________

Does your child need to take medications during camp?

☐ Yes
☐ No
We do not have medical staff on site; campers should be able to self-administer their own medication under our adult supervision.

If yes, please list medication(s), dosage(s), frequency, and how the needed medication will be provided:
_____________________________________________________________________
_____________________________________________________________________

Does your child have any food or environmental allergies?

☐ Yes
☐ No

If yes, please list: ______________________________________________________

Summer Camps are available to all children and designed to connect with all learning styles. Given advance notification, Museum staff can adapt activities to fit the specific needs of your child. With advance notification, Tudor Place is wheelchair accessible. Does your child have any special needs?

☐ Yes
☐ No

If yes, please explain: ____________________________________________________

I hereby give my consent, in the event that all reasonable attempts to reach me and/or the emergency contact person(s) named on the information form at the telephone number(s) listed have been unsuccessful, to administer to my child any treatment deemed necessary by a licensed medical professional and/or to transfer my child to a reasonably accessible hospital.

Parent/Guardian Signature: ________________________________

Date: __________________________