



HOLIDAY CAMP APPLICATION

Child's Name _____ Birthdate _____ Sex of Child _____

Address _____ HomePhone _____

Allergies/Special Needs : _____

Sponsor Parent Name _____ Phone _____ Email _____

Parent 2 Name _____

Phone _____ Email _____

Clairmont or Clifton Road **(Circle)**

Thanksgiving Break: 11/20, 11/21 & 11/22 (Circle) registration deadline 11/10/17
\$54/day; \$162 for all 3 days

Winter Holiday: 12/18, 12/19, 12/20, 12/21 12/22, or 12/27, 12/28, 12/29 (Circle) reg. deadline 12/8/17
\$54/day; \$267 all 5 days or \$162 all 3 days at end of December

Spring Break: 4/2, 4/3, 4/4, 4/5, 4/6 (Circle) registration deadline 3/23/18
\$54/day; \$267 for all 5 days

***Payment: cash, check or money order only!**

Emergency Contact

Only the people listed below (other than parents or guardians) are allowed to pick-up my child at the school. In the event of an emergency, these people can be called if parents are not available.

Name Street Address City, State, Zip Home # Work # Relationship

Name Street Address City, State, Zip Home # Work # Relationship

Emergency Medical Release

Should my child become ill during the time he/she is in the care of The Clifton School or suffer any injury, The Clifton School shall undertake to contact me immediately. In the event the school is unable to reach me immediately, it shall be authorized to secure such medical attention and care for my child as may be determined necessary (the parent shall assume responsibility for payment). I agree to keep the school informed as to changes in telephone numbers where I may be reached.

The Undersigned gives permission for The Clifton School to carry out the following procedures in the event of the need for emergency medical care.

1. The teacher will notify the designated person in charge of the school. This individual will carry out any needed triage activities and will coordinate and oversee all related activities.
2. In the case of a life threatening emergency the person in charge will call 911 for emergency transportation to Children's Healthcare of Atlanta.
3. For all other emergencies the person in charge will obtain emergency transportation, ask the primary teacher or an individual of equivalent ability to take the child and his/her medical history on file at the center to the acute treatment area at Children's Healthcare of Atlanta.
4. The person in charge will then call the hospital acute treatment area to inform them that the child is arriving.
5. The person in charge will also contact the sponsoring parent(s) to ensure that the parent(s) are informed of the actions being taken.
6. The sponsoring parent informs the family pediatrician, in the event that the pediatrician wants to meet the child at the hospital.

Child's Pediatrician _____

Phone # _____

Parent Signature & Date _____