



2019 Project Edventure Registration

Student Information

First Name _____ Last Name _____ Initial _____
Date of Birth _____ Grade Entering _____ School _____ T-Shirt Size _____

Parent or Legal Guardian Information

First Name _____ Last Name _____ Initial _____
Address _____
Employer _____
Home Phone # _____ Cell # _____ Work # _____
Email _____ Relationship _____

First Name _____ Last Name _____ Initial _____
Address _____
Employer _____
Home Phone # _____ Cell # _____ Work # _____
Email _____ Relationship _____

Enrollment

Summer Camp enrollment is weekly. Priority will be given to students who enroll for the entire summer program.
Please check the weeks your child will be attending camp.

Week of July 1st -5th

Innovation Lab (1-3) _____ Infinity & Beyond (1-3) _____ Time Travelers (4-6) _____ Mad Props Theater (4-6) _____ Nailed, Glued & Stapled (7-9) _____

Week of July 8th-12th

Sports Unlimited (1-3) _____ Animal Planet (1-3) _____ Astronaut Training (4-6) _____ STEAM (4-6) _____ Helping Hands (7-9) _____

Week of July 15th-19th

Destination Imagination Training (1-3) _____ Into the Wild (1-3) _____ Traveling Artist (4-6) _____ Exploratopia (4-6) _____ Adventure Awaits (7-9) _____

Week of July 22nd-26th

Clowning Around (1-3) _____ Experiments & Science (1-3) _____ Sports Unlimited (4-6) _____ Destination Imagination (4-6) _____ All Things Art (7-9) _____

Week of July 29th- August 2nd

Young Artists (1-3) _____ Build It (1-3) _____ Construction Camp (4-6) _____ Survivor (4-6) _____ STEAM (7-9) _____

Pre/Post Camp (no additional fee)

Our family will need Pre-Camp Care (7:30-8:30) _____ Post Camp (4:30-5:00) _____

Payment Options

Payment for the first week is due with registration. Payments for the remaining weeks of camp must be paid prior to July 1st unless a payment plan has been created and approved with the Program Director.

Please select the payment tier (based on free or reduced lunch) your family qualifies for:

Full Lunch Rate \$145.00/Week _____ Reduced Lunch Rate \$90.00/Week _____
Free Lunch Rate \$55.00/Week _____ Non-Resident Rate \$175.00/Week _____

Registrations may be returned to Frances Ashworth via fax at (603) 876-4302, by email at fashworth@sau29.org or mailed to Marlborough School 41 Fitch Court Marlborough, NH 03455



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Emergency Contact & Alternative Pick Up Information

You are required to list at least one person with whom you would feel comfortable leaving your child with, and who could assume responsibility for your child if you could not be reached immediately in an emergency or if for some reason you could not pick your child up and were unable to communicate with the program. It is also required to have an alternative pick up person listed. Please list anyone who you foresee picking your child up from our program. Please note that if someone comes to pick your child up without being listed on this form we will not release your child without written permission or phone call to the program.

Name _____
 Relationship _____
 Phone _____
 Emergency Contact Alternative Pick Up

Name _____
 Relationship _____
 Phone _____
 Emergency Contact Alternative Pick Up

Name _____
 Relationship _____
 Phone _____
 Emergency Contact Alternative Pick Up

Name _____
 Relationship _____
 Phone _____
 Emergency Contact Alternative Pick Up

Release Forms

Media Release:

____ I give my consent ____ I do not give my consent
 To Project Edventure to use my child's photograph and/or comments to publicize Project Edventure. I understand that such photographs and/or remarks could appear in program brochures or flyers, on the website, and in the other news media, this may include social media.

 Parent/Guardian Signature

 Date

Field Trip Permission:

I give permission for my child to participate in Project Edventure field trips scheduled during the camp.

 Parent/Guardian Signature

 Date

Walking Permission:

Occasionally we will be taking off-site excursions for exercise and to explore the surrounding area. Students are always accompanied by staff who are CPR/First Aid certified and carry appropriate emergency equipment. Students should wear or bring comfortable walking shoes and clothes. I give my child permission to go on off-site walks with Project Edventure staff.

 Parent/Guardian Signature

 Date

Medical Information

If your child carries an epi pen or inhaler one must be given to the camp on the first day your child attends. All medication must be in its original container with your child's name clearly written.

Is there any additional physical/emotional information you would like us to know about your child?

Child's Primary Physician _____ Phone _____

Emergency Medical Treatment

I hereby give permission for the staff of Project Edventure to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency treatment to my child if warranted. I understand that I will be contacted by Project Edventure personnel as soon as possible regarding any emergency involving my child.

 Parent/Guardian Signature

 Date

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For Marlborough Residents Only:

Dear Parent/Guardian,

Project Edventure Afterschool and Summer Camp offers a reduction in tuition to qualifying families that reside in Marlborough. The guidelines for this tuition reduction is based on the Free and Reduced Lunch Income Guidelines. If you choose to apply for this tuition reduction, Food Services (this is the department that determines eligibility for free or reduced lunch) needs to have your permission to share their information with our program.

Please check the appropriate box and return to Project Edventure (with your camp registration form). As soon as we receive the information from Food Services, we will let you know if you qualified for a reduction in tuition as well as the amount of the reduction.

If you have any questions, please do not hesitate to call me at 876-4465 ext 1014 or Keene Food Services at 357-9011.

Sincerely,

Frannie Ashworth
Program Director
Project Edventure

Child's Name: _____

_____ Yes, I DO want school officials to share information from my Free and Reduced Price School Meals Application with Project Edventure.

_____ No, I DO NOT want information from my Free and Reduced Price School Meals Application with Project Edventure

Parent/Guardian Signature

Date