



April 5-April 9, 2010

Camp Participants Must Be Richland County School District One Students in 1st—5th grade.

Location: Hyatt Park Elementary

(4200 North Main Street, Columbia, SC)

Please send completed application to:

City Year Columbia
1919 Hampton Street
Columbia, SC 29201
Fax: (803) 254-1297
Phone: (803) 254-3349

Camp City Year will be held

Monday, April 5th — Friday, April 9th, 2010*

Breakfast and Lunch Provided

7:30a.m.—4:00p.m.

*Friday is a half day 7:30 AM-12:00 PM

Applications Due Monday, March 8, 2010.

You must submit one application per child.

Upon application approval, a **\$15 per child registration fee** payable to City Year Columbia is required. This fee can be paid at one of the **mandatory PARENT ORIENTATIONS held on March 23 and 25 at 6:30 pm at Hyatt Park Elementary.**

Questions? Call (803) 254-3349

Camper Information

Child's Last Name: _____ Child First Name: _____

Home Address: _____ City: _____ Zip code: _____

Age: ___ Date of Birth: _____ Child's School: _____ Child's Grade: _____

Home Phone Number: (____) _____ Language child speaks at home: _____

Eye color: _____ Hair color: _____ Sex: _____ Height (feet and inches): _____

Parent/Guardian Information

Name: _____ Home Phone Number: _____

Address: _____ City: _____ State: ___ Zip code: _____

Email: _____

Medical Information

Please describe any medical/physical conditions which City Year staff should be aware of (including **dietary restrictions**, allergies, chronic health conditions, and medications.)

Name of Child's Doctor _____ Phone: _____

Name of Childs Dentist _____ Phone: _____

Does the camper have medical insurance? (circle one) Yes No

If so, medical insurance company _____

Additional Emergency Contact

Name _____

Address _____ State: _____ Zip Code: _____

Relationship to Child _____

Home Phone #: _____ Work/Cell Phone #: _____

Guardian Permission

As _____'s legal guardian, I hereby authorize him/her to participate in Camp City Year activities. I understand that the staff of City Year will make a reasonable effort to contact me first, in case of emergency. I will not hold city year or any member of the City Year staff, corps, or volunteers responsible for any such injury or illness. I also hereby agree to allow City Year, Inc. to use my child's name, photograph and/or likeness without prior approval. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

Signature of Parent/Guardian

Date

Pickup Information

Please note that Camp City hours are from 7:30am to 4:00pm. Children are to be picked up at location no later than 4:00 pm. A picture identification will be required at Pick-up each day

My child will be picked up by one of the following persons:

Name 1: _____ Relationship to child _____

Name 2: _____ Relationship to child _____

Name 3: _____ Relationship to child _____

Return completed application to:

**City Year Columbia 1919 Hampton Street, Columbia, SC 29201 PHONE:(803)254-3349
FAX: (803) 254-1297**

Applications Are Due No Later Than Monday March 8, 2010

For office use only

Date Received _____

For official use only

RCSDI Student _____