

# Chelsea's Princess Summer Glamour Camp 2008

Child's first name \_\_\_\_\_ Last name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Favorite color \_\_\_\_\_ Favorite flavor \_\_\_\_\_

Food(s) child dislikes and will not eat \_\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell or work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Can your princess go off the diving board? \_\_\_\_\_

\_\_\_\_\_ Wk 1 June 9-13 Ages 5,6,7

\_\_\_\_\_ Wk 2 June 16-20 Ages 8,9,10

\_\_\_\_\_ Wk 3 June 23-27 Ages 5,6,7

Closed Wk 4 June 30- July 4 Ages 8,9,10

\_\_\_\_\_ Wk 5 July 7-11 Ages 5,6,7

\_\_\_\_\_ Wk 6 July 14-18 Ages 8,9,10

\_\_\_\_\_ Wk 7 July 21-25 Ages 5,6,7

\_\_\_\_\_ Wk 8 July 28-Aug 1 Ages 8,9,10

\_\_\_\_\_ Wk 9 Aug.4-8 Ages 5,6,7

\_\_\_\_\_ Wk 10 Aug.11-15 Teen Week 11,12,13

**Chelsea's Tea Room & Boutique**

4772 Little Road Arlington, TX 76017

**817-563-1800**

Camp Cost \$225.00

\$250.00 after May 1, 2008

**Includes: all activities, lunches & snacks**

\$100.00 cancellation fee.

Late pick up fee \$10.00

**Drop off time 10:30 pick up time 3:00**

***Please note: Parents are welcome to attend all activities***

***We will be walking to: Other businesses in Lincoln Court.***

***Grace will be said at lunch.***

***Thursday: drop off and pick up at Shady Valley Country Club 4001 W. Park Row***

## **Chelsea's Tea Room & Boutique Releases**

1. Is your child allergic to anything which might be encountered this week?  
Dogs, cats, food, paints, glues... Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_  
**Other:** \_\_\_\_\_
2. Is your daughter on any special medication or diet? Yes \_\_\_ No \_\_\_  
Explain \_\_\_\_\_
3. Are there any special medical problems which would affect her activities this week?  
Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_  
Circle any of these which apply: Diabetes Epilepsy Hyperactivity Asthma Hay fever  
Explain other problems \_\_\_\_\_
4. Are there any restrictions on your daughter's activities? (Include swimming and bounce house)  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_
5. Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_
6. Anything else that we should know about your daughter? \_\_\_\_\_
7. **PLEASE READ, DATE, AND SIGN RELEASE STATEMENT BELOW**

In case of medical emergency, after every reasonable effort has been made to contact parent or guardian, I hereby give permission to the Chelsea's Tea Room & Boutique to secure necessary treatment for the child herein described. I have not been given a guarantee of the results of examination or treatment. And I approve all above activities.

Printed Name of Parent or legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_