

# Chelsea's Princess Summer Glamour Camp 2009

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

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

Food you dislike and will not eat \_\_\_\_\_

Parent's names \_\_\_\_\_

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

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

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

\_\_\_\_\_ Wk 1 June 8-11 Ages 5,6,7

\_\_\_\_\_ Wk 2 June 15-18 Ages 8,9,10

Closed Wk 3 June 22-25 Ages 5,6,7

Closed Wk 4 June 29- July 2 Ages 8,9,10

\_\_\_\_\_ Wk 5 July 6-9 Ages 5,6,7

\_\_\_\_\_ Wk 6 July 13-16 Ages 8,9,10

\_\_\_\_\_ Wk 7 July 20-23 Ages 5,6,7

\_\_\_\_\_ Wk 8 July 27-30 Ages 8,9,10

Closed Wk 9 Aug.3-6 Ages 5,6,7

Closed Wk 10 Aug.10-13 Ages 8,9,10

**Chelsea's Tea Room & Boutique**

4772 Little Road Arlington, TX 76017

**817-563-1800**

Camp Cost \$200.00

**4-day camp Monday to Thursday**

*Includes: lunch, cooking classes, limousine ride*

*swim day at Shady Valley Country Club*

*crafts, etiquette/manners class and much more.*

\$100.00 cancellation fee.

Late pick up fee \$10.00

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

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

## Chelsea's Tea Room & Boutique Release Form

1. Is your child allergic to anything that might be encountered this week?

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 that 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. Can your child use the diving board? Yes \_\_\_ No \_\_\_

6. My Child has permission to travel to Mac's Steak and Seafood via limousine. Yes \_\_\_ No \_\_\_

7. Anything else we should know about your daughter. \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

### PLEASE READ, DATE, AND SIGN RELEASE STATEMENT

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. I also give my permission for pictures to be taken and shared with the other families of the same week. Pictures may be used at Chelsea's Tea Room & Boutique and at Chelseas.org.

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

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