

Chelsea's Princess Summer Glamour Camp 2010

Child's first name _____ Last name _____
Birth date _____ Age _____ Favorite color _____ Favorite flavor _____
Parent's names _____
E-mail address _____
Address _____ City/State _____ Zip _____
Phone # Home _____ Cell or work _____
Emergency contact _____ Phone _____

Closed Wk 1 June 7-10
_____ Wk 2 June 14-17 Ages 5,6,7
_____ Wk 3 June 21-24 Ages 8,9,10
_____ Wk 4 June 28- July 1 Ages 5,6,7
_____ Wk 5 July 5-8 Ages 5,6,7
Closed Wk 6 July 12-15 Ages 8,9,10
_____ Wk 7 July 19-22 Ages 8,9,10
_____ Wk 8 July 26-29 Ages 5,6,7
_____ Wk 9 Aug.2-5 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: lunches, cooking classes, limousine ride
swim day at Country Club, crafts,
etiquette/manners class and much more.*

Drop off time 10:00 pick up time 3:00 *Wednesday: drop off 10:30 and pick up 3:00 at Country Club.*

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)
Yes _____ No _____ Explain: _____
5. Can your Princess use the diving board? Yes ___ No ___
6. Doctor's name _____ Phone _____
Insurance Co. _____ Group# _____
7. My child has permission to travel to lunch via limousine.
8. I 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.
9. Anything else we should know about your daughter. _____
10. \$100.00 cancellation fee. Late pick up fee \$10.00

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 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 _____