### STEMinist Camp 2025 Enrollment Request Form Campers Ages 8-9



\*Note: This form is a <u>REQUEST ONLY</u>. Registration is NOT confirmed until all steps are followed and a non-refundable deposit is paid. Please see details under "Reserve Your Spot".\*

### **Camp Dates & Costs:** \$125 per week per camper Monday-Friday 8:00am-5:30pm Please choose the weeks that your child plans to attend: ☐ Week 1: June 9th-13th ☐ Week 2: June 16th-20th ☐ Week 3: June 23rd-27th ☐ Week 4: July 7th-11th ☐ Week 5: July 14th-18th ☐ Week 6: July 21st-25th **Camper Information:** Full Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_ Age:\_\_\_\_ School Name:\_\_\_\_\_Grade:\_\_\_\_ Address:\_\_\_\_\_City:\_\_\_\_\_ State:\_\_\_\_Zipcode:\_\_\_\_ **Parent/Guardian Information:** Name: \_\_\_\_\_ Relationship to Camper (e.g., Mother, Father, Guardian): \_\_\_\_\_ Parent/Guardian Email Address: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_\_ **Emergency Contact Information:** #1 Emergency Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone Number:

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#2 Emergency Contact Name:
Relationship to Camper:
Phone Number:
Medical Information:
Does your child have any medical conditions/allergies? (Please specify):
Is there anything that upsets your child? If so, how can we best help them?
Does your child have insurance? (Check one):
• ☐ Yes
• No
<ul><li>Insurance Provider (if yes):</li><li>Policy Number:</li></ul>
Medical Waiver & Consent:
I hereby give my consent for my child to participate in the Girls Inc of Monroe County Steminist Camp 2025. I give permission for my child to receive medical attention in case of injury or emergency, if necessary.
I certify that the information provided above is correct and that I am the legal guardian of the participant. I agree to adhere to all program rules and policies.
Signature of Parent/Guardian:Date:

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#### **Reserve Your Spot**

Your camper's spot is **NOT** confirmed until the following steps have been completed:

- 1. Complete Enrollment Request Form and submit to Girls Inc of Monroe County. Email it to us at <a href="mailto:girlsinc-monroe.org">girlsinc-monroe.org</a> or submit in person.
- 2. You will receive an email from Girls Inc confirming availability for weeks selected within 24 hours of submitting enrollment request form.
- 3. Pay the non-refundable camp deposit! Please pay your deposit within 24 hours of receiving email confirming availability from Girls Inc. See details about deposit below.
- 4. Receive confirmation email from Girls Incl.

**Registration Fees:** Registration Fee: \$65 Non-Refundable deposit for each week your child plans to attend. (For example if your child plans to attend all 6 weeks your deposit is a total of \$390. Your deposit will go towards your total amount due for camp.) **Please DO NOT pay a deposit until the enrollment request is confirmed.** 

#### **Scholarships**

Please email us at gimc@girlsinc-monroe.org or call us at 812-336-7313 to inquire about scholarship opportunities.

#### **Payment Options:**

- Card on the Girls Inc Website
- Check (please make payable to Girls Inc)
- Cash

#### **Camp T-Shirt Information:**

Shirt Size ( <mark>Youth sizing</mark> ):	
☐ X-Small ☐ Small ☐ Medium Shirt Size ( <mark>Adult Sizing</mark> ):	☐ Large ☐ X-Large
<ul><li>□ X- Small</li><li>□ Small</li><li>□ Medium</li></ul>	☐ Large ☐ X-Large
*Don't see vour child's size? Please list	their size here