

Mountain Pathways Summer Sessions

453 Howard's Creek Road – Boone, NC 28607 – 828.262.5787

Registration Information

Child's Name:	Birthdate:		
Address:	City:	State:	Zip:
Registering Parent/Guardian Name(s):			
Name of Sibling(s) also attending MPS Summer Sessions:			

Daily Camp Hours: 8:30am – 2:30pm

Cost of Camp: \$150 per week

After Camp Care Hrs: 2:30pm – 5:30pm

Cost of After Camp Care: \$25 per week

Please fill in and/or check the weeks in which you wish to enroll your child.

Week	Camp	After Camp	Week	Camp	After Camp
June 1-5			July 13-17		
June 9-13			July 20-24		
June 15-19			July 27-31		
June 22-26			Aug 3-7		
June 29-July 1 (*\$100, closed Th-F)			Aug 10-14 (Field Trip Wk)		
July 6-10					

Field Trip Release

By executing this document, the undersigned parent authorizes Mountain Pathways School to conduct and involve the child in field trips to public parks, private homes, historic sites and commercial stores within Watauga County.

Signature

Date

Photo Release

I give my permission to Mountain Pathways School to use photographs and/or movies taken of the above named child at MPS for promotional use.

Signature

Date

Mountain Pathways Summer Sessions

453 Howard's Creek Road – Boone, NC 28607 – 828.262.5787

The following information, along with a medical form and current immunization records, are required to be on file for your child no later than the first day of camp, per NC State licensing requirements, and school policy and procedures.

Emergency Information

Child's Name:			
Mother's Name:	Home Phone#	Daytime#	Cell#
Father's Name:	Home Phone#	Daytime#	Cell#
Home Address:			
Email Address:			
Emergency Contact Name:	Home Phone#	Daytime#	Cell#
Physician's Name:	Phone#		
Any Known Allergies:			
Hospital Choice:			
Authorized person(s) able to pick up your child from camp:			
Name:	Home Phone#	Daytime#	Cell#
Name:	Home Phone#	Daytime#	Cell#
Name:	Home Phone#	Daytime#	Cell#
If your child does not return to his/her home after camp, please provide the following information:			
Name of care provider:	Daytime phone#		

Statement from parent(s): If I am unavailable to do so myself, you have my permission to call the physician listed, and in the case of an extreme emergency, my permission to take my child to the hospital I have selected above. I understand that the Mountain Pathways School administration has the authority to determine situations of emergency and doctor need.

Signature

Date