



# ELK HILL FARM

## SUMMER CAMP REGISTRATION FORM

*Please fill in EVERY BLANK on this form.*

### I. GENERAL INFORMATION

Camper's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Grade for 2009/2010 \_\_\_\_\_  
 School Attending \_\_\_\_\_

**Please check summer camp option:**

**Therapeutic Day Treatment Summer Camp** (For TDT campers, cost of camp & transportation will be covered by Medicaid)

Currently participating in Therapeutic Day Treatment or ESS services?  Yes  No

Therapeutic Day Treatment/ESS provider, if known \_\_\_\_\_

**\*\*Contact Laura Easter for eligibility requirements for the TDT option (804) 457-4866 x317.**

**Enrichment Summer Camp** (\$2,000 for 7-week camp, transportation not included)

### II. FAMILY INFORMATION *(Camper lives with the following adults)*

	Adult 1	Adult 2	Adult 3
<b>Name</b>			
<b>Relationship</b>			
<b>Cell Phone #</b>			
<b>Work Phone #</b>			
<b>Email Address</b>			

### III. INSURANCE INFORMATION

The camper will be covered by the following insurance:

Name of Company \_\_\_\_\_

Policy or I.D. # \_\_\_\_\_

Expiration date: \_\_\_\_\_

**\* Regular attendance at Elk Hill Summer Camp is necessary during the seven week period of July 6 - August 20, 2010. Please indicate any dates the camper will NOT be able to attend due to previous plans (family vacation, other camps, appointments, etc.). This will allow for adequate staffing at camp.**

Dates **NOT** available during camp: \_\_\_\_\_

*A Summer Camp Admissions packet to be completed by parents will be sent in June.*

### Placing Agencies, please complete the following:

Name of Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

***Fax this form to 804-457-2830 or mail to Elk Hill, PO Box 99, Goochland, VA 23063 Attn: Laura Easter***