



Calvert Summer Programs

Enrollment Application 2012

Calvert School ☐ 105 Tuscany Road ☐ Baltimore, MD 21210
410.243.6054 x 192 ☐ www.calvertschoolmd.org



APPLICATION DUE BY June 4, 2012
HEALTH FORM DUE BY June 4, 2012

If you would like to enroll more than one child in a camp, please photocopy this sheet.

Name of Applicant: _____

Sibling(s) also enrolled in Summer Programs at Calvert School? Yes No

Male Female Applicant's Date of Birth: _____

My child attends Calvert School: Yes No: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Mother's Work: _____

Father's Work: _____ Cell Phone: _____

Father's E-Mail: _____ Mother's E-Mail: _____

Emergency Contact: _____

Name of Camp	Dates of Camp	Amount Due	T-Shirt Size
			<i>Please Circle One:</i>
			XS (ages 2-4)
			S (ages 6-8)
			M (ages 10-12)
			L (ages 14-16)
			XL (ages 18-20)

Amount Enclosed \$ _____ Amount Charged \$ _____

Visa Mastercard

Expires: _____

Charge Account #: _____

Camp Waiver and Release (MUST BE SIGNED AND DATED)

In consideration for the enrollment of the above-named child in the Calvert Summer Programs of Calvert School, Inc., I, for myself and the above-named child, as parent or legal guardian of the child, hereby agree to release, waive, discharge and hold harmless Calvert School, Inc., its officers, trustees, employees, agents, counselors-in-training, and volunteers (the School) from any and all liability to each of the undersigned, his/her successors, heirs, and assigns, for any and all claims, demands, and damages arising out of or in any way related to participation in the School's summer programs; this waiver does not waive liability for intentional wrongful conduct by the school.

Name of Parent

Parent's Signature

Date

For Office Use Only				
Paid	Check #	Amount	Date	Health Form
Y/N				Y/N