

# Summer Kids Camp 2020 Registration Information

Session 1: June 15 - 19

**Session 2: June 22 - 26** 

Session 3: June 29 - July 3

Session 4: July 6 - July 10

Session 5: July 13 – July 17

Session 6: July 20 - July 24

Session 7: July 27 – July 31 Session 8: Aug 3 – Aug 7

Session 9: Aug 10 - Aug 14

Session 10: Aug 17 - Aug 21

## **Weekly Pricing:**

Full Day \$299; each additional child \$225

## **Daily Pricing:**

Full day \$65; each additional child \$50 (9am-4pm)

Half day \$45; each additional child \$35 (9am-12pm/12:30-

4pm)

Aftercare daily \$20 (7:45AM-8:45AM or 4-5pm)

All prices subject to 6% VT sales tax.

#### **General Information:**

- Open to children enrolled in Kindergarten through 6<sup>th</sup> grade.
- Snacks are provided in the morning and afternoon; campers bring their own lunch.
- Activities Include: Tennis, Golf, Mountain Biking, Hiking, Cardio Games, Obstacle Courses, Arts & Crafts, Gardening, Swimming, and more!
- Morning Half-day and Full-day camper drop-off is at S6 between 8:45-9am, and Afternoon Half-day camper drop-off is 12:30pm at S6.
- 10% discount for all 2020 S6 Season Pass holders, Eagle Club member, active Woodstock Athletic Club members and WRC employees.
- 15% discount for first child's full-week session if you register before April 30, 2020.

#### **Registration Information:**

- Payment in full is due at the time of registration. We will accept summer camp registrations up to, but not after, 4PM on the Friday prior to the start of the camp week the registrant is signing up for.
- For a refund minus a \$30 processing fee, registration cancellations must be made by 4PM on the Wednesday prior to the start of the camp week that the registrant is withdrawing from. This policy will allow our administrative team 2 business days to contact waitlisted campers and to plan accordingly for transportation and with our various activity outlets.
- Payments can be made in person at S6 or by calling the S6 office at 802-457-6661 with your credit card information. Completed forms can be scanned to <a href="mailto:s6info@woodstockinn.com">s6info@woodstockinn.com</a>. Competed registrations and payment can also be mailed to:

**Attention: 2020 Summer Camps** 

**Suicide Six** 

**Woodstock Inn & Resort** 

14 the Green

Woodstock, VT 05091

Please direct any additional questions to the S6 Front Office at s6info@woodtockinn.com or 802-457-6661.

Camper Registration Information (please complete one form per camper)

Camper First & Last Name:		
Camper DOB:	Camper Grade:	
Camper Allergies and/or Concerns:		
Parent/Guardian First & Last Name:		
Primary Phone Number:		
Primary Email:		
Emergency Contact First & Last Name:		
Emergency Contact Phone Number:		
· · · · · · · · · · · · · · · · · · ·		

In registering for Kids' Day Camp at the facilities of the Woodstock Inn & Resort, I acknowledge and understand that injuries are a common and ordinary occurrence of my child(ren)'s participation in athletics, and sporting activities, due to the inherent risks in these activities. I acknowledge and understand that my child(ren) will be transported in a vehicle to outlets outside of Suicide Six. I freely accept and voluntarily assume all inherent risks of personal injury, death or property damage. I agree to release and hold harmless the Woodstock Inn & Resort and its agents, officers and employees from any all liability for injury, death or property damage, including any and all injury, death or property damage that results from negligence of the Woodstock Inn & Resort, its agents, officers and employees, that occurs from my pursuit of camp activities. I understand that this release extends to all claims arising out of or connected, but not limited to, the following:

- 1. Any pre-existing health or medical problems or conditions of the applicant;
- 2. Conduct of other persons, whether or not employees of the Woodstock Inn & Resort;
- 3. Misuse of the Woodstock Inn & Resort's equipment and facilities.

I agree that the Woodstock Inn & Resort is not responsible for damaged or stolen property left unattended on its property.

Print Name:	
Signature:	Date:

Please clearly circle the days and sessions that your camper will attend:

Session 1:         6/15         6/16         6/17         6/18           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half           PM Half         PM Half         PM Half         PM Half           Before/After Care         Before/After Care         Before/After Care         Before/After Care           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         PM Half           PM Half         PM Half         PM Half         PM Half           Pull Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half         PM Half	6/19 Full Day
AM Half AM Half AM Half AM Half PM Half PM Half PM Half Before/After Care Before/After Care Before/After Care Before/After Care Before/After Care  Session 2: 6/22 6/23 6/24 6/25  Full Day Full Day Full Day Full Day AM Half AM Half AM Half AM Half PM Half PM Half PM Half PM Half Before/After Care Before/After Care Before/After Care Before/After Care  Session 3: 6/29 6/30 7/1 7/2  Full Day Full Day Full Day Full Day AM Half AM Half AM Half AM Half PM Half	•
PM Half         PM Half         PM Half         PM Half         PM Half           Before/After Care         Before/After Care         Before/After Care         Before/After Care         Before/After Care           Session 2:         6/22         6/23         6/24         6/25           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half	A NA 1 1 - 10
Session 2:         6/22         6/23         6/24         6/25           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half           Before/After Care         Before/After Care         Before/After Care         Before/After Care           Session 3:         6/29         6/30         7/1         7/2           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half	AM Half
Session 2:         6/22         6/23         6/24         6/25           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half           Before/After Care         Before/After Care         Before/After Care         Before/After Care           Session 3:         6/29         6/30         7/1         7/2           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half	PM Half
Full Day Full Day Full Day  AM Half AM Half AM Half AM Half  PM Half PM Half PM Half PM Half  Before/After Care Before/After Care Before/After Care Before/After Care  Full Day Full Day Full Day Full Day  AM Half AM Half AM Half AM Half  PM Half PM Half PM Half  PM Half PM Half PM Half	Before/After Care
AM Half AM Half AM Half AM Half PM Half PM Half PM Half PM Half Before/After Care Before/After Care Before/After Care Before/After Care  Session 3: 6/29 6/30 7/1 7/2  Full Day Full Day Full Day Full Day AM Half AM Half AM Half AM Half PM Half PM Half PM Half PM Half	6/26
PM Half PM Half PM Half PM Half  Before/After Care Before/After Care Before/After Care Before/After Care  Session 3: 6/29 6/30 7/1 7/2  Full Day Full Day Full Day Full Day  AM Half AM Half AM Half AM Half  PM Half PM Half PM Half PM Half	Full Day
Before/After Care         Before/After Care         Before/After Care         Before/After Care         Before/After Care           Session 3:         6/29         6/30         7/1         7/2           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half	AM Half
Session 3:         6/29         6/30         7/1         7/2           Full Day         Full Day         Full Day         Full Day           AM Half         AM Half         AM Half         AM Half           PM Half         PM Half         PM Half         PM Half	PM Half
Full Day Full Day Full Day  AM Half AM Half AM Half  PM Half PM Half PM Half	Before/After Care
AM Half AM Half AM Half PM Half PM Half	7/3
PM Half PM Half PM Half	Full Day
	AM Half
	PM Half
Before/After Care Before/After Care Before/After Care	Before/After Care
<b>Session 4:</b> 7/6 7/7 7/8 7/9	7/10
Full Day Full Day Full Day Full Day	Full Day
AM Half AM Half AM Half AM Half	AM Half
PM Half PM Half PM Half PM Half	PM Half
Before/After Care Before/After Care Before/After Care	Before/After Care
<b>Session 5:</b> 7/13 7/14 7/15 7/16	7/17
Full Day Full Day Full Day Full Day	Full Day
AM Half AM Half AM Half AM Half	AM Half
PM Half PM Half PM Half PM Half	PM Half
Before/After Care Before/After Care Before/After Care	Before/After Care

	Monday	Tuesday	Wednesday	Thursday	Friday
Session 6:	7/20	7/21	7/22	7/23	7/24
	Full Day				
	AM Half				
	PM Half				
	Before/After Care				
Session 7:	7/27	7/28	7/29	7/30	7/31
	Full Day				
	AM Half				
	PM Half				
	Before/After Care				
Session 8:	8/3	8/4	8/5	8/6	8/7
	Full Day				
	AM Half				
	PM Half				
	Before/After Care				
Session 9:	8/10	8/11	8/12	8/13	8/14
	Full Day				
	AM Half				
	PM Half				
	Before/After Care				
Session 10:	8/17	8/18	8/19	8/20	8/21
	Full Day				
	AM Half				
	PM Half				
	Before/After Care				

## Payment Method:

- Check (remember to add in 6% VT tax)
- Credit Card Information

Card Type: MC	VISA AMEX DISCOVER/NOVUS	cc #:
Expires:	CCV:	Name on Card: