

Dear TEDS Families,

It's that time of year when we start preparing for summer! Attached is our Summer Camp Registration form and health form. Please fill out completely.

Note some changes:

- **Hours** are now 8am – 5pm
- **Registration Fee** is \$50 per child.
- **2 weeks tuition** is also due at time of registration.
- **Morning Care and Aftercare available!** **Morning Care** (7am – 8am) is \$20 per week. **Aftercare** (5pm-6pm) is \$20 per week. \$40 per week for both.

If more forms are needed (siblings), please inform the office and we will get that to you.

Please let us know if you have any questions.

Thank you

Trinity Episcopal Day School
Summer Session Registration 2026
Cost is \$450 – 5 days, \$300 – 3 days.
Camp Hours 8am – 5pm

Registration Fee: \$50 per child (non-refundable)

Checks made payable to: Trinity Episcopal Day School or TEDS

\$20 additional charge per week for AM (7-8) or PM (5-6) care. Or \$40 for both per week.

CHILD INFORMATION

Child's Name _____ M ___ F ___ Birthday _____ Current Grade _____

PARENT INFORMATION

Parent/Guardian 1 _____ Cell phone _____

Home Address _____ Email _____

City _____ State _____ Zip Code _____

Parent/Guardian 2 _____ Cell Phone _____

Home Address _____ Email _____

City _____ State _____ Zip Code _____

Emergency Contact Name _____ Cell Phone _____

Schedule: Please check below the weeks and days for which you're are registering. Be aware, some activities take place in the afternoon, therefore please notify TEDS if your child will be leaving early so we can plan accordingly.

Science Week

Week 1: July 6th – 10th
____ M ___ T ___ W ___ Th ___ F
AM Care _____ PM Care _____

Animal Week

Week 4: July 27th – July 31st
____ M ___ T ___ W ___ Th ___ F
AM Care _____ PM Care _____

Disney Week

Week 2: July 13th – 17th
____ M ___ T ___ W ___ Th ___ F
AM Care _____ PM Care _____

Holiday Week

Week 5: Aug. 3rd – 7th
____ M ___ T ___ W ___ Th ___ F
AM Care _____ PM Care _____

Art Week

Week 3: July 20th - 24th
____ M ___ T ___ W ___ Th ___ F
AM Care _____ PM Care _____

Theater Week

Week 6: Aug. 10th – 14th
____ M ___ T ___ W ___ Th ___ F
AM Care _____ PM Care _____

Child's Name: _____ DOB: _____

MEDICAL INFORMATION

As the parent/guardian of the above-mentioned child, I certify that he/she is in good physical health and may participate in the normal activities of the program.

Parent/Guardian's Initials _____

Child's Healthcare Provider _____

Phone # _____

Does your child have any drug allergies?

Yes _____ No _____

If "yes" please specify: _____

Does your child have any food allergies/limitations?

Yes _____ No _____

If "yes" please specify: _____

Does your child require an Epi-Pen for his/her food allergy?

Yes _____ No _____

Does your child require an Antihistamine for his/her food allergy?

Yes _____ No _____

If your child requires an Epi-Pen and other medications for food allergies, etc., please have your doctor fill out TEDS medical forms (available in the TEDS office). Please be sure to supply TEDS with all required medication prior to the start of camp.

Is your child asthmatic?

Yes _____ No _____

Does your child require an Inhaler for his/her medical condition?

Yes _____ No _____

If your child requires an Inhaler and other medications for asthma, please have your doctor fill out TEDS medical forms (available in the TEDS office). Please be sure to supply TEDS with all required medication prior to the start of camp.

Please list special conditions, disabilities, medical/physical restrictions, and medical information for emergency situations.

Does your child have any medication for his/her medical condition?

Yes _____ No _____

If "yes" please specify: _____

If your child requires any medication for their medical condition, please have your doctor fill out TEDS medical forms (available in the TEDS office). Please be sure to supply TEDS with all required medication prior to the start of camp.

As the parent/guardian of the above-named child, I (we) attest that the information above is correct. I (we) authorize TEDS to obtain emergency treatment for my child and understand that I (we) shall be promptly notified. I release TEDS and any individual TEDS staff members from liability in case of an emergency is such that immediate hospital care is necessary; I grant TEDS permission to contact emergency services to treat and transport my child to the hospital.

Parent/Guardian 1 Signature _____ Date: _____

Parent/Guardian 2 Signature _____ Date: _____