

2008 Camp Galileo Enrollment Form

(Please complete one form per camper attending.)

Enrolling online is FAST and EASY. Visit www.campgalileo.com & click "enroll" to complete & confirm your enrollment immediately.

HOW DID YOU HEAR ABOUT US? (Check all that apply)

- Attended previously
- School
- Parent Group (PTA/PTO)
- Internet (specify).....
- Other (specify).....
- Company/Organization (specify)
- Newspaper/magazine ad (specify).....
- Newspaper/magazine article(specify).....
- Event (specify).....
- Friend (F.&L.Name).....

PARENT/MAIN CONTACT (first & last):.....

STREET ADDRESS:.....

CITY, STATE, ZIP:..... **EMAIL ADDRESS (required):**.....

WORK PHONE:..... **HOME PHONE:**..... **CELL PHONE:**.....

CAMPER NAME (first & last):..... **BIRTH DATE:**.....

GENDER: M F **T-SHIRT SIZE (circle one):** Child XS S M L XL Adult S M L XL

(PRE)SCHOOL CURRENTLY ATTENDING:..... **GRADE IN FALL 2008:**.....

GROUP CAMPER WITH FRIEND (friend's name):.....

I GIVE THE FOLLOWING PEOPLE PERMISSION TO DROP OFF AND PICK UP MY KID(S) AT CAMP:

- 1) Drop Off/Pick Up Adult Name & Phone #s:.....
- 2) Drop Off/Pick Up Adult Name & Phone #s:.....

EMERGENCY CONTACT INFORMATION:

- 1) Emergency Contact Adult Name & Phone #s:.....
- 2) Emergency Contact Adult Name & Phone #s:.....

PLEASE LIST ALLERGENIC, MEDICAL, AND EMOTIONAL CONDITIONS THAT GALILEO OR MEDICAL ATTENDEES SHOULD BE AWARE OF:

.....
.....
.....

Photo consent (circle one): YES NO YES TO TEAM PHOTO ONLY (Note: A team photo is given to all campers at camp)
I give consent for photos and video of my child to be used in promotional materials, brochures, flyers, print ads, and Galileo Educational Services camp websites. I understand campers will not be identified by name on any promotional materials or photos unless permission has been granted by the parent/guardian.

PARENT/MAIN CONTACT AUTHORIZATIONS: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. In consideration of acceptance of this authorization, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators, waive and release all rights and claims that may arise against Galileo Educational Services, LLC, and persons affiliated with this camp. I hereby give permission to Galileo Educational Services, LLC to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Galileo Educational Services, LLC to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

SIGNATURE OF PARENT OR GUARDIAN:.....

PRINTED NAME:..... **Date:**.....

WOULD YOU LIKE TO DONATE TO OUR SCHOLARSHIP PROGRAM?
Galileo reserves 10% of spots for scholarship campers. If you would like to make a donation to help another child attend camp, please indicate the amount below and we will add this amount to your total credit card fees. (check one)
___ \$300 ___ \$200 ___ \$100 ___ \$50 ___ \$25 ___ \$10 ___ other ___ Not at this time
If you would like your donation to be tax deductible, please write a check payable to "The Boys & Girls Club of the Peninsula" and mail it to Camp Galileo, 3270 Lakeshore Avenue, Oakland, CA 94610. Thank you for your support.

PLEASE FILL OUT BACK OF FORM.

2008 Camp Galileo Enrollment Form

Location	6/16-6/20	6/23-6/27	6/30-7/3*	7/7-7/11	7/14-7/18	7/21-7/25	7/28-8/1	8/4-8/8
NORTH BAY/SAN FRANCISCO								
Mill Valley	N/A						N/A	N/A
San Francisco	N/A							
San Rafael	N/A						N/A	N/A
EAST BAY								
Alamo/Danville	N/A	N/A						
Dublin/Pleasanton	N/A						N/A	N/A
El Cerrito	N/A							N/A
Fremont	N/A							
Lafayette	N/A							N/A
Oakland								
PENINSULA								
Belmont	N/A				1st-5th only	1st-5th only	1st-5th only	N/A
Hillsborough/Nueva	N/A							
Hillsborough/Crystal Spr.	N/A	N/A	N/A	N/A	N/A	N/A		
Los Altos				1st-5th only	1st-5th only	1st-5th only	1st-5th only	N/A
Menlo Park/ Atherton								
Palo Alto	N/A							
San Mateo	N/A						N/A	N/A
SOUTH BAY								
San Jose/Almaden Valley							N/A	N/A
San Jose/ Evergreen								N/A
Saratoga	N/A							
Sunnyvale					1st-5th only	1st-5th only	1st-5th only	1st-5th only

PLEASE CALCULATE CAMP FEES USING TABLE BELOW:

Location(s) Attending		Additional camper or location?	Additional camper or location?
K-5th Fees Per Week	\$	\$	\$
Part Day Kinder Fees/Week	\$	\$	\$
AM Extended Care/Week	\$	\$	\$
PM Extended Care/Week	\$	\$	\$
Subtotal	\$	\$	\$
# Weeks Enrolled			
Subtotal x # Weeks =	\$	\$	\$

Other Discounts

1 Camper Enrolled 3 Wks?	(-\$50)	(-\$50)	(-\$50)
3-wk.-camper FREE Ext. Care	(- Ext. Care Fees)	(- Ext. Care Fees)	(- Ext. Care Fees)
Enrolling July 4th week?	(-\$35)	(-\$35)	(-\$35)
Extended Care July 4th Wk?	(-\$5)AM (-\$10)PM	(-\$5)AM (-\$10)PM	(-\$5)AM (-\$10)PM
Other Discount Code? _____	(-\$)	(-\$)	(-\$)
TOTAL	\$	\$	\$

GRAND TOTAL

If paying by Credit Card (VISA or Mastercard only), CC# _____ Expiration Date: _____

**If paying by check for all sites except Saratoga, make check payable to "Camp Galileo". If paying for Saratoga, make check payable to "Saint Andrew's School."

Mail completed enrollment form & check to: Camp Galileo, 3270 Lakeshore Avenue, Oakland, CA 94610.

You can also fax your completed enrollment form with credit card number to: 510-465-0416, enroll by phone at 1-800-854-3684, or enroll online at www.campgalileo.com.