



Day Camp!

Fill out the complete form and mail with your \$25.00 deposit to: Wildwood Ranch, 4909 Brophy Road, Howell, MI 48855. Phone: 800.969.8090 & 517.548.1736 Fax: 517.548.7373. Please send a separate deposit for each week of camp for which you register. **This deposit is not refundable!** A parent or legal guardian **MUST SIGN** the application.

There is a \$10.00 discount for every new day camper that you refer to Wildwood Ranch Day Camp (their application must list your name).

Name: _____ Phone: (____) _____

Address: _____ City / State / Zip: _____

Age: _____ Birthdate: _____ Grade 9/10: _____ Boy: Girl:

Emergency Contact Name: _____ Phone: (____) _____

First Day of Camp: _____ Last Day of Camp: _____

Will you require before care? If so, at what time (begins at 7 AM)? _____

Will you require aftercare? If so, until when (up to 6 PM)? _____

Were you referred by anyone? If so, list their name here: _____

Day Camp Options						
Check Camp	Date	Deposit	Balance	* Early Care	** After Care	Age *** 5-8 or 9-12
<input type="checkbox"/> Week One	6/16 – 6/18	\$25	\$65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Two	6/21 – 6/25	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Three	6/28 - 7/2	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Four	7/5 - 7/9	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Five	7/12 - 7/16	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Six	7/19 - 7/23	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Seven	7/26 – 7/30	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Eight	8/2 – 8/6	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>
<input type="checkbox"/> Week Nine	8/9 – 8/13	\$25	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>

* Wildwood Ranch Day Camp begins at 9:00 AM each day. Care is available before our regular scheduled program beginning at 7:00 AM. There is an extra cost of \$5.00 per hour per child for this care. Please register for this service above.

** Wildwood Ranch Day Camp ends at 5:00 PM each day. Care is available after our regular scheduled program until 6:00 PM. There is an extra cost of \$5.00 per child for this hour of care. Please register for this service above.

*** A description of camp activities for each age bracket is on the other side of this flier.

- A hot lunch is provided for each child and is prepared according to U.S.D.A Summer Food Service standards.
- Space is limited so please register early!

Please Read and Sign Below: I understand that there will be physical activities of which my child may participate and that my child may be exposed to the possibility of injury. I hereby expressly waive any and all liabilities on the part of Detroit Rescue Mission Ministries (DRMM) staff for any such injury. I give permission for routine medical treatment to be administered to my child. In case of an emergency, and I cannot be contacted, I give permission for DRMM staff to select a licensed physician and authorize the physician to secure proper treatment for my child. I understand that photographs may be taken of my child while at camp. I hereby give my permission for my child to be photographed and for such photos to be used in DRMM literature and websites. Ages are inclusive. Older campers may NOT attend a younger camp. All camps are co-ed. Wildwood Ranch will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs. When your application and deposit are received, a medical form and confirmation letter will be sent to you explaining camp procedures, spending money and a sample schedule for your Day Camp experience at Wildwood Ranch. There will be no day camp if a minimum number of participants do not register.

Names of persons other than parent to whom child may be released: 1. _____
2. _____

Names of persons to whom child may NOT be released: 1. _____
2. _____

Parent Approval: I approve this application and agree to the terms stated herein:

Parent or Guardian Signature: _____

OFFICE USE ONLY: Check Out Signature: _____