

# **The Mary Campbell Center Children and Youth Participant Application**

Dear Prospective Applicant,

Thank you for your interest in The Mary Campbell Center's Children and Youth Program.

Here at the Mary Campbell Center, we strive to provide a safe, welcoming environment in which children and their families may find support and build optimism, and we use teachable moments to promote listening, teamwork, and appreciation of differences while creating a positive environment for children to grow and thrive.

Enclosed you will find The Children and Youth Program Application. All forms must be completed in their entirety. Once you have reviewed the application, please call or email The Children and Youth Office to arrange a tour of the facility. Please note that both applicants and parents must attend the tour so that we may discuss the family's individual needs and to determine if MCC is an appropriate setting for those needs.

After completing the tour, we will collect the application and place the applicant on the program waiting list while we process his or her application. Once the application is processed, you will be notified and will start to receive information about the programs. Slots in programs are filled on a first come, first served basis with individual participant and staffing ratios considered.

If you have any questions, please contact us at:

[children@marycampbellcenter.org](mailto:children@marycampbellcenter.org) or (302)762-6025 ext. 153

Thank you again for your interest in The Mary Campbell Center Children and Youth Program.

Best Regards,

Children and Youth Department

# The Mary Campbell Center

## Children and Youth Participant Application

Programs currently offered:

### Clubs

- Ages 5 -21\*
- Meets once a week for 1 ½ hours
- Possible activities include: cooking club, arts and crafts club, fitness club, etc.

### Teens / Young Adults

- Ages 13 and up
- Meets once a week for 2 hours, generally on Thursday or Friday evenings, depending on activities.
- Possible activities include: dinner trips, movie nights, sporting events, etc.

### Family Events

- Monthly events for the entire family
- Possible activities include: Halloween party, Blue Rocks games, Game show night, etc.

### School's Out

- Ages 5\* and up
- Programs offered on specific days off from school depending on school schedules (this includes Christmas break)
- Hours are from 9am-3pm

### Summer Camp

- Ages 5\* and up
- Hours 9am-5pm
- 5 camp sessions consisting of two weeks
- Each child may attend *one* 2 week session

Participants must be 5 years old and in school.

### Spring Fling

- Ages 5\* and up
- Program offered on days off from school over Spring Break
- Morning or afternoon session available

### Young Athletes Program Special Olympics

- Movement and motor skills activities with an introduction to traditional sports skills. This program is run through Special Olympics of Delaware.
- Ages 2-7

### Fun Days

- Random one-day activities, such as science activities, open swim, or cooking.
- Ages 5-21\*

### SibShops

- Ages 8-21\*
- Fun, social events for siblings of individuals with special needs, to get together, play games, and discuss the ins and outs of life with a special sibling

## The Mary Campbell Center Children and Youth Participant Application

<b>Contact Information</b>
<b>Participant Name:</b>
<b>Date of Birth:</b>
<b>Age:</b>
<b>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</b>

Main Contact Person's Information	Contact Person II Information
<b>Name:</b>	Name:
<b>Occupation:</b>	Occupation:
<b>Mailing Address:</b>	Mailing Address:
<b>Cell Phone Number:</b>	Cell Phone Number:
<b>Work Phone Number:</b>	Work Phone Number:
<b>Home Phone Number:</b>	Home Phone Number:
<b>Email:</b>	Email:
<b>Preferred method of contact:</b>	Preferred method of contact:

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Today's Date: \_\_\_\_\_

Name	Relationship	Daytime Phone Number	Home Phone Number	Email

Emergency Contact Information (Other than parent):

Other individuals living with the participant.

Name	Age	Relationship

# The Mary Campbell Center Children and Youth Participant Application

How did you hear about The Mary Campbell Center Children and Youth Program?

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## PARTICIPANT PROFILE

<ul style="list-style-type: none"> <li><input type="radio"/> Speech-Language Impaired</li> <li><input type="radio"/> Hearing Impaired</li> <li><input type="radio"/> Visually Impaired</li> <li><input type="radio"/> Muscular Dystrophy</li> <li><input type="radio"/> Sensory Processing Disorder</li> <li><input type="radio"/> Stroke</li> <li><input type="radio"/> Head Injury</li> <li><input type="radio"/> Epilepsy/Seizure Disorder</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Cerebral Palsy</li> <li><input type="radio"/> Down Syndrome</li> <li><input type="radio"/> Spina Bifida</li> <li><input type="radio"/> Autism Spectrum Disorder</li> <li><input type="radio"/> Alcohol/Drug Disorders</li> <li><input type="radio"/> ADD/ADHD</li> <li><input type="radio"/> Apraxia of speech</li> <li><input type="radio"/> Learning/Developmental Delay</li> <li><input type="radio"/> Orthopedic Impairments</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Postural Disorders</li> <li><input type="radio"/> Asthma</li> <li><input type="radio"/> Cystic Fibrosis</li> <li><input type="radio"/> Diabetes</li> <li><input type="radio"/> Neurological Disorder</li> <li><input type="radio"/> _____ Genetic Disorder</li> <li><input type="radio"/> Other Diagnosis: _____ _____</li> </ul>
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**Diagnosis Information: Please check all that apply**

What is your child's primary mode of communication?

- Verbal
- Gestures
- Sign Language
- Alternative Communication Method (Please List)

<p><b>Vision:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Normal</li> <li><input type="radio"/> Mild/Moderate Loss</li> <li><input type="radio"/> Severe/Total Loss</li> </ul> <p>Does participant wear corrective lenses?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p><b>Hearing:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Normal</li> <li><input type="radio"/> Mild/Moderate Loss</li> <li><input type="radio"/> Severe/Total Loss</li> </ul> <p>Does the participant wear hearing aids?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p><b>Mobility:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Walks independently</li> <li><input type="radio"/> Walks with assistance</li> <li><input type="radio"/> Walks with cane/walker</li> <li><input type="radio"/> Walking ability impacted, but walks independently</li> <li><input type="radio"/> Uses Power wheelchair</li> <li><input type="radio"/> Uses Manual wheelchair</li> </ul>
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# The Mary Campbell Center Children and Youth Participant Application

## PARTICIPANT PROFILE CONT.

### Personal Care

Task	Independent	Requires Some Assistance	Requires Total Assistance	Description of Assistance Needed
Dressing				
Undressing				
Showering				
Teeth Brushing				
Transferring				
Bathroom Tasks				
Eating Assistance				
Managing own belongings				

### EDUCATIONAL ENVIRONMENT

Name of participant's school:

\_\_\_\_\_

Grade/Program \_\_\_\_\_ Inclusion setting: \_\_\_ Yes \_\_\_ No

Does the participant have an IEP? \_\_\_ No \_\_\_ Yes

If yes please send a copy with this application for INFORMATIONAL PURPOSES ONLY.

If yes, what is the participant's educational classification?

\_\_\_\_\_

Does the participant require 1:1 assistance in the following environments at any time? \_\_\_ No \_\_\_ Yes

If yes, why?

**The Mary Campbell Center  
Children and Youth Participant Application**

\_\_\_School

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\_\_\_Home

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**PHYSICIAN INFORMATION**

Name of participant's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of participant's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

# The Mary Campbell Center Children and Youth Participant Application

## MEDICATIONS

**Mediations must be kept in the original packaging/bottle that identifies the prescribing doctor and place of origin.**

Please list ALL medications, including over-the-counter or nonprescription:

\_\_\_ This camper takes NO medications on a routine basis.

\_\_\_ This camper takes medications as follows:

Med #1 \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_ Specific times taken each  
day \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_ Specific times taken each  
day \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_ Specific times taken each  
day \_\_\_\_\_

(Attach additional pages for more medications.)

**ALLERGIES** (List all known. Also describe reaction and management of the reaction.)

\_\_\_ NO ALLERGIES

Medication allergies (list):

\_\_\_\_\_

\_\_\_\_\_

Food allergies (list):

\_\_\_\_\_

\_\_\_\_\_

# The Mary Campbell Center Children and Youth Participant Application

Other allergies (list): include insect stings, animal dander, etc.:

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**RESTRICTIONS:** (attach additional pages if necessary)

Participant does not eat:

Red Meat  Pork  Dairy Products  Poultry  Seafood  Eggs  N/A (no restrictions)

Other (describe):

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Due to special diet, we will send in snacks

Explain any restrictions to activity

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Can we apply our sunscreen to your child during programs?

Yes  No, the family will provide sunscreen for our child to use during programs



## The Mary Campbell Center Children and Youth Participant Application

### GENERAL MEDICAL HISTORY

Is the participant currently healthy? \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

	<b>Has/does the participant:</b>	<b>YES</b>	<b>NO</b>
1	Ever had/have seizures?		
2	Had any recent injury, illness or infectious disease?		
3	Have a chronic or recurring illness/condition?		
4	Wear glasses, contacts or protective eye wear?		
5	Persistent medical history/event in the past month?		
6	Have frequent headaches?		
7	Has ever had a head injury?		
8	Has ever had frequent ear infections?		
9	Has ever been knocked unconscious?		
10	Has ever had surgery?		
11	Has ever been hospitalized?		
12	Has ever passed out during or after exercise		
13	Has ever been dizzy during or after exercise?		
14	Has ever had chest pain during or after exercise?		
15	Has ever had high blood pressure?		
16	Has ever been diagnosed with a heart murmur?		
17	Has ever had back problems?		
18	Has ever had problems with joints (e.g., knees, ankles)?		
19	Have any skin problems (e.g., itching, rash, acne)?		
20	Have diabetes?		
21	Have asthma?		

Explain any “yes” answers, noting the number of the question first:

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## The Mary Campbell Center Children and Youth Participant Application

### IMMUNIZATIONS

Which of the following has the participant had? (Circle to indicate “Yes”)

Measles   Chicken pox   German measles   Mumps   Hepatitis A   Hepatitis B   Hepatitis C   TB

Mantoux Test (Date of last test \_\_\_\_\_) Result: \_\_\_ Positive \_\_\_ Negative

### IMMUNIZATION DATES (OR Submit a similar record from your doctor)

Vaccine: Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
Measles					
Mumps					
Rubella					

Is there anything else you feel is important for us to know about the participant’s medical history, health, communication, or self-care skills? Please note: behavior will be addressed below.

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# The Mary Campbell Center Children and Youth Participant Application

## BEHAVIOR PATTERNS

	Frequently	Sometimes	Never	Comments
Has difficulty with transitions/changes in routine				
Interacts with peers				
Dislikes being touched/easily enraged when touched by peers				
Seems hyperactive/constantly on the move				
Has difficulty taking turns				
Has poor safety awareness				
Has difficulty following directions; needs repetition				
Seems easily distractible				
Avoids eye contact				
Tends to touch things constantly				
Appears to be uncomfortable in crowds				
Wanders/runs from a group				
Has an elevated sexual interest				
Seeks consistent attention/entertainment from others				
Bites self or others				
Hits self or others				
Pulls own hair or others				
Cries or becomes upset easily				
Exaggerates pain/illness				
Teases others				
Excessive cursing/vulgarity				

## The Mary Campbell Center Children and Youth Participant Application

List details to help explain behavior noted “frequently” and any specific methods to resolve behavior difficulties:

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Has the participant ever eloped (run away)? If yes, please describe and identify how often of an occurrence this is.

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Date of most recent aggressive behavior: \_\_\_\_\_

Does the participant have any other behaviors of which the staff need to be aware?

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What is the behavior?	Why does he/she do it?	How do we help/respond?	How can we prevent it?

Does the participant currently have a behavior plan? \_\_\_ Yes \_\_\_ No

If yes, please send a copy with this application for INFORMATIONAL PURPOSES ONLY.

# The Mary Campbell Center Children and Youth Participant Application

## BEHAVIOR PATTERNS CONT.

Does the participant understand dangerous situations? (i.e. running in parking lot, entering water without supervision etc.) \_\_\_ Yes \_\_\_ No

Please explain if answered “No”

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Triggers: What makes your child upset, angry, anxious and/or overwhelmed?

<input type="checkbox"/> Being Touched	<input type="checkbox"/> Encroachment of personal space	<input type="checkbox"/> New places/schedules
<input type="checkbox"/> Loud Noises	<input type="checkbox"/> Bright or flashing lights	<input type="checkbox"/> Crowds
<input type="checkbox"/> Yelling	<input type="checkbox"/> Specific people or peers	<input type="checkbox"/> Heat/hot outside
<input type="checkbox"/> Having to rush/hurry	<input type="checkbox"/> Introduction of new foods	<input type="checkbox"/> Not being able to finish something before moving on

Other Triggers: \_\_\_\_\_

List any circumstances that will increase the likelihood of negative behavior (i.e. loud noises, animals, the dark, etc.). List situation and behavior displayed.

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# The Mary Campbell Center Children and Youth Participant Application

## BEHAVIOR PATTERNS CONT.

### Warning Signs:

What are some warning signs that your child exhibits when frustrated or in distress?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pacing             | <input type="checkbox"/> Face turns<br>red  | <input type="checkbox"/> Breathing hard/fast            |
| <input type="checkbox"/> Crying             | <input type="checkbox"/> Not talking        | <input type="checkbox"/> Excessive or fast pace talking |
| <input type="checkbox"/> Yelling            | <input type="checkbox"/> Swearing           | <input type="checkbox"/> Being rude                     |
| <input type="checkbox"/> Sweating           | <input type="checkbox"/> Running            | <input type="checkbox"/> Not eating                     |
| <input type="checkbox"/> Clenching<br>teeth | <input type="checkbox"/> Clenching<br>fists | <input type="checkbox"/> Throwing objects               |

Verbal Comments:

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Other:

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### Calming Strategies:

What helps your child calm down?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Taking a walk            | <input type="checkbox"/> Getting a drink of<br>water   | <input type="checkbox"/> Taking a break/removal from environment until<br>calm |
| <input type="checkbox"/> Listening to<br>music    | <input type="checkbox"/> Reading a book                | <input type="checkbox"/> Talking to staff                                      |
| <input type="checkbox"/> Wrapping in a<br>blanket | <input type="checkbox"/> Dark room (dim the<br>lights) | <input type="checkbox"/> Writing/drawing                                       |
| <input type="checkbox"/> Stuffed animals          | <input type="checkbox"/> Calling family<br>member      |  |

Other:

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# **The Mary Campbell Center Children and Youth Participant Application**

Please list any reinforcers your child likes, or things he or she will work for.

**\*\*Keep in mind there are no electronics used as reinforcers during programs\*\***

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Although we do not provide direct instruction or implement specific behavior plans at camp, please share any specific things he/she is currently working on that you would like us to encourage if possible. (Ex: talking to peers, asking for a break when overwhelmed, etc)

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## **The Mary Campbell Center Children and Youth Participant Application**

I, as the parent/guardian for this child, certify that the content of the information in this application and health history form is correct. If an incident occurs as a result of an omission or falsification of information, I understand I will be held fully responsible.

I, as the parent/guardian for this child, understand that The Mary Campbell Center reserve the right to send my child home early or otherwise shorten their time during a program if my child's behavior become such that staff are unable to keep him/her or others safe.

I, as the parent/guardian for this child, understand that if an incident occurs as a result of my child's actions, intentional or otherwise, resulting in breakage, damage, or destruction to property or equipment during Mary Campbell Center programs, I will be held liable for the amount necessary to repair or replace the property or equipment damaged or destroyed.

I, as the parent/guardian for this child, understand that I am responsible for the program fees. I may use respite funding or other funding sources, but should they not be available for any reason, I agree to pay the program fees for my child.

The participant herein described has permission to engage in all program activities, except noted in this application.

I, as the parent/guardian for this child, understand that the participant will be released to parents and those adults identified by the parents as authorized to pick up their child. If another adult comes to pick up your child, we will release the child only through notification in writing from the child's parent. Proper I.D. must be given before the child is released.

I, as the parent/guardian for this child understand the demands of some programs may not be appropriate for all participants. The information that is received in the C&Y participant application, in addition to staff observations will determine my child's eligibility for certain programs. Participants who have a history of, or currently engage in, disruptive behaviors, aggression towards their self or others, non-compliance, elopement, or inappropriateness may not be eligible to participate in certain programs. While situations may change, re-evaluation for program involvement will be ongoing.

**\*\*Please note: parent/guardian signatures are REQUIRED. Applications received without signatures will be considered INCOMPLETE and will NOT be processed until complete application packet is received.**

Parent/Guardian Signature

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Date

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**RELEASE AND INDEMNIFICATION AGREEMENT**



# The Mary Campbell Center Children and Youth Participant Application

This Release and Indemnification Agreement (“Agreement”), is by and between The Mary Campbell Center of 4641 Weldin Road, Wilmington, Delaware 19803, a non-profit corporation established under the laws of the State of Delaware, and \_\_\_\_\_ (**parent’s name**) on his/her behalf and on behalf of his/her minor child, \_\_\_\_\_ (**child’s name**) (together, “User”) is made for the purpose of and in consideration for the use of the MCC facilities located at the address listed above ("Facilities") by User and/or any guardian or next friend of User, minor employee, or volunteer, agent, assignee, servant or client, or any other persons under the care, control or supervision of or by invitation of User.

User intends to use the Facilities for the purpose of a children's day program.

User hereby expressly agrees and covenants not to sue and agrees to release, remise, and discharge The Mary Campbell Center, its employees, officers, Board Members, agents, assignees, servants, independent contractors, and volunteers, in their official and individual capacities (collectively, “MCC”), from any and all causes of actions, suits, claims in law or equity, and causes of action for any personal injuries, death, or property damage, indirect, direct, or of whatever nature, whether caused by the negligence of MCC or any other person.

User agrees to hold harmless and indemnify MCC from all claims or causes of action for any and all personal injuries, death, or property damage, indirect, direct, or of whatever nature, arising out of, relating to, or otherwise involving the use of the Facilities by User (an “Action”).

User further agrees to hold harmless and indemnify MCC from all costs, including all attorneys' fees, disbursements, expenses, and court costs resulting from an Action.

User agrees to notify MCC, in writing, within forty-eight (48) hours of User’s receipt of or knowledge of an Action.

User expressly acknowledges and agrees that this Agreement is intended to be as broad and inclusive as permitted under the law and that if any portion of this Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

User and MCC agree that any and all disputes arising from or related to this Agreement and/or User’s use of the Facilities shall be brought in the State of Delaware and shall be governed by Delaware law. In the event that User files an Action against MCC and such Action is found by a court or other tribunal to be in violation of and/or a breach of this Agreement, User agrees to reimburse MCC for any and all costs, including attorneys’ fees, incurred in defending the Action.

User hereby certifies that User has read and understands the terms of this Agreement and executes below voluntarily and without relying on any representation or promise outside of this Agreement.

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USER NAME (MINOR CHILD)

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USER’S GUARDIAN NAME

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DATE

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GUARDIAN SIGNATURE

# The Mary Campbell Center Children and Youth Participant Application

## Waivers

Child's Name: \_\_\_\_\_

## Program Participation

We (I) hereby give our (my) consent for our (my) child to participate in activities or programs conducted by a Mary Campbell Center staff member and/or volunteer; and waive any claim against the Mary Campbell Center for injury or harm to any person or property arising from resulting from, or in any way related to such participation.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/ Guardian

## Transportation

We (I) hereby give our (my) consent for our (my) child to ride in a Mary Campbell Center vehicle, driven by Mary Campbell Center staff, while participating in the program.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/ Guardian

## Multi-Media

We (I) hereby give our (my) permission to the Mary Campbell Center to use any photos and videos taken of my child, without compensation. These photos and/or videos may appear in Social Media outlets, newspapers, magazines, brochures, or other publicity material.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/ Guardian

I consent but with these specifics: (please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# The Mary Campbell Center Children and Youth Participant Application

## Medication

We (I) hereby give our (my) consent for our (my) child to receive their medication by a trained Mary Campbell Center staff member.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

## First-Aid

We (I) hereby give our (my) consent for our (my) child to receive basic first aid and in case of an emergency, to receive advanced medical care, be transported to the hospital, and medical information released if necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

**The Mary Campbell Center  
Children and Youth Participant Application**

**The Mary Campbell Center  
Children and Youth Program  
Medical Release**

*This form must be completed by your child's physician.*

Participant's Name: \_\_\_\_\_  
Please Print

As the Attending Physician of the above named individual, I am releasing this individual to participate in the following programs at the Mary Campbell Center.

Please check appropriate box:

Pool Programs (88 degrees)      Yes       No

Whirlpool Programs (98 degrees)  
(Consists of 5-10 minute sessions)      Yes       No

In the space provided below, list any conditions you believe the responsible staff members should have knowledge of in regards to this individual's participation (i.e., atlanto-axial instability, heart conditions, seizure conditions, heat sensitivity, etc.)

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\_\_\_\_\_  
Physician's Name (please print)      \_\_\_\_\_  
Physician's Signature      \_\_\_\_\_  
Date

**The Mary Campbell Center**  
**Children and Youth Participant Application**

Children and Youth Program Payment Policy

- Payments will be expected at the time of program confirmation unless otherwise stated on registration form.
- Receipt of payment will reserve spot in the program.
- For security purposes, payment will be directly submitted to the Business Office.
- Mailing address for payments: The Mary Campbell Center Attn: Business Office 4641 Weldin Road Wilmington, DE 19803
- If dropping off payment at the center, please ask front desk personnel to deliver to business office.
- The Children and Youth Department does not accept cash for program fees. Cash is accepted in terms of field trip spending money and meal cost for the participant.
- Program fees payments can be paid by either check or credit card.
- Families have the option of keeping a credit card on file secured in the business office. Please make note on the registration form if you would like payment to be completed with this payment method.
- Late/Early Pick Up/Drop Off Fee- There is a \$10 charge per fifteen-minute interval for late and early arriving parents for all programs. Please contact the children and youth department if you are running late. This fee will be billed separately and is NOT due at the time of pick-up.
- A \$25 charge will be applied to your account for checks returned.
- If payment is not received, the business office will be sending you a bill via standard mail. Your child may be asked not to participate in programs if you have an outstanding balance for more than 2 weeks.
- Fees are to be paid whether your child attends the program. Program cancelations are accepted with 24hrs of start time of program. If you cancel within the 24 window your account will be credited.
- If C & Y needs to cancel a program, families that have paid in full will receive credit to their account.
- Please reach out to the children and youth department with a written request for payment plan/installment payments for programs fees.
- Financial assistance may be available for your family. Please contact the children and youth department for more information.

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Signature

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Date

**The Mary Campbell Center**  
**Children and Youth Participant Application**

**2018-19 School Year Programs Price Sheet**

Here is a general price list for most of the programs that we offer.  
Please note prices are subject to change.

**Clubs** Price varies by club and supply fees. See club registration form for pricing information.

**Family Events** Typically \$10 per family

**Fun Days** Typically \$15 program fee. See registration form for more information.

**Parent Mingle Nights** Prices vary based on scheduled events. See registration form for pricing information.

**School's Out** \$35 per day. An additional low-cost field trip fee may be charge for some school's out days to assist with ticket costs.

**Spring Fling** \$110 program fee for either morning or afternoon session during spring break.

**Friday Fun-day** \$15 program fee

**Swim Lessons** \$90 program fee for 6 thirty-minute lessons.

**Talented Teens** No program fee. Families are responsible to cover cost of scheduled event (i.e., ticket cost for show, meal coverage to dining event etc.) Please see teen schedule for pricing information.

**Late/Early Pick Up/Drop Off Fee** There is a \$10 charge per fifteen-minute interval for late and early arriving parents for all programs.

# The Mary Campbell Center Children and Youth Participant Application

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Child's Name \_\_\_\_\_ Email Address for Receipt \_\_\_\_\_

<b>Credit Card Information</b>				
Card Type:	MasterCard	VISA	Discover	AMEX
<input type="checkbox"/> Other _____				
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
CVV Code (Back of Card) _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, \_\_\_\_\_, authorize The Mary Campbell Center to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**The Mary Campbell Center  
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