

Eagle Mount / 2010 Summer Day Camp Program – Participant Application

Return as soon as possible to: Eagle Mount Billings-2822 3rd Ave N, Ste 203, Billings, MT 59101

406-245-5422 office 406-245-4390 fax

Eagle Mount regards safety as our first concern. Participants in any of the programs may be removed or excluded from a program for behavior that is deemed by Eagle Mount Billings to be a danger to self or others.

Name: _____ Sex: Male/Female (Circle) Height _____ Weight _____

Date of Birth: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Caregiver(s) Name: _____ Signature: _____

Emergency Contact/ Relationship / Phone: _____

Disability Diagnosis: _____ Are you involved with STEP? RSS? AWARE? BTI?

Current Health Concerns:

___ Seizures within Last Year ___ Disorientation / Memory Problems ___ Heart/Circulatory Problems

Other Health Issues: _____

Eagle Mount requires pre-payment for all programs.

Location: Head Start, 615 North 19th Street (next to North Park)

Session:

___ June 14 – July 1 (\$150) Camp runs Monday – Thursday 9:00 – 3:00 PM

___ July 5 – July 22 (\$150) Camp runs Monday – Thursday 9:00 – 3:00 PM

___ July 26 – August 12 (\$150) Camp runs Monday – Thursday 9:00 – 3:00 PM

Transportation:

___ 1st session (\$75) Transportation is an additional fee

___ 2nd session (\$75) Transportation is an additional fee

___ 3rd session (\$75) Transportation is an additional fee

Eagle Mount Van Transportation:

Transportation comes on a first come first serve basis. If you are interested in your child receiving this service please print the name of your child, phone number, and address as **clearly** as possible in the section above. We do offer door to door service within the Billings city limits at this time. We are requesting the name and number of the person responsible for getting your child off the bus as well as an alternate person should we not be able to reach you. Transportation is an additional fee even if financial assistance is requested and/or granted. **Participant is responsible for this cost at 100%**

Designated person to pick up participant: _____ **Phone:** _____

Alternate person to pick up participant: _____ **Phone:** _____

ALL NECESSARY FORMS MUST BE COMPLETED PRIOR TO PROGRAM PARTICIPATION

All participants are required to complete a Program Application form, sign the Liability Waiver, complete a Medical History form and have a signed Physician Approval form submitted to the Eagle Mount office prior to participation in all programs. If a participant is facing financial difficulties, please contact the Eagle Mount office to request a Financial Assistance Application. All forms and applications can be found online at www.eaglemount.us. Applications need to be completed at least two weeks prior to the program start date. Failure to follow this procedure may result in your delayed participation in the program.

Office Use Only: Date Received: _____

Staff Initials: _____ Current MD Authorization _____ Current Health Info _____ Liability Waiver _____