



**Day Camp**  
**115 Dixie Drive**  
**Chapel Hill, NC 27514**

**APPLICATION FORM**

**Cely's House Teacher Work Days 2017**

Student's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Choose the dates, Half Day: circle Morning or Afternoon, or choose Full Day:

**Winter, Spring 2017**

Monday, January 16	Morning 9:00-1:00 or Afternoon 1:00-5:00	\$50 _____
	Full Day	\$90 _____
Tuesday, January 23	Morning 9:00-1:00 or Afternoon 1:00-5:00	\$50 _____
	Full Day	\$90 _____
Friday, March 24	Morning 9:00-1:00 or Afternoon 1:00-5:00	\$50 _____
	Full Day	\$90 _____
Monday, April 3	Morning 9:00-1:00 or Afternoon 1:00-5:00	\$50 _____
	Full Day	\$90 _____

Total Balance \$ \_\_\_\_\_

**Total Balance must be paid the day of the camp - Check should be made out to: Cely's House**

**Cely Chicurel, Instructor (919-225-7349)**  
**115 Dixie Drive - Chapel Hill, NC 27514**  
[www.celyshouse.com](http://www.celyshouse.com)

**Cely's House Teacher Work Day  
2017**

**Student Information**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

School: \_\_\_\_\_ Grade 2016-17: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any allergies or adverse reactions to anything that we ought to be aware of? \_\_\_\_\_

If, Yes, please describe: \_\_\_\_\_

**Medical and Liability Release Statement**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency, I give my permission to the EMS, physician, or dentist selected by the Cely's House to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for the child will be used as the primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by Cely's House and its agents during all the events and activities offered at Cely's House. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Cely's House, its directors, staff, and volunteer helpers liable for damages, losses, or injuries incurred by the subject of this form.

Circle permission:

**I grant / I do not grant** to Cely's House permission to administer any minor First-Aid (antiseptic spray, cream, bandage) or major emergency care (splints, dressings, CPR) to above named child.

Parent / Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_