VINCI SCHOOL MERRIFIELD

8408 Arlington Blvd., Fairfax VA 22031 Summer 2025 Camp Registration

Section Sect	Program (Check the boxes v Upper Flementary Camp: Intro		& PFAS (Risi	ng Grade 5 to G	rade 7)			
Cost: \$1350 (9am-12pm) Cost: \$1350 (9am-4pm, lunch included) Child Child Cost: \$1350 (9am-4pm, lunch included) Child Irist Middle Grade Birth date Child's Home Phone Child First Last Ms. Mrs. Mr. Other Email Child First Last Ms. Mrs. Mr. Other Child First Child Firs		•	& ITAS (KISI	ing Grade 5 to G	rade 7)			
Cost: \$1350 (9am -4pm, lunch included) Child Child Circl	•	5						
Child France Child France Child Sirvet Middle	` .	1 1: 1 1 1						
School Name	□ Cost: \$1350 (9am -4pm,	lunch included)						
State	Child							
State	First	Middle	Last				Gender: Male	Female
State	School Name		Grade	Birth date	//			
Parent/Guardian + Contact Information Parent/Guardian #1 First	Street Address							
Parent/Guardian #1 First Last Ms. Mrs. Mr. Other Street Address Flown/City State Zip Code Work Phone E-mail Decupation Employer Parent/Guardian #2 First Last Ms. Mrs. Mr. Other Street Address Flown/City State Zip Code Work Phone Email Ms. Mrs. Mr. Other Street Address Flown/City State Zip Code Work Phone E-mail Decupation E-mail Employer Child lives with: Person responsible for payment Emergency Contact Information - Alternate Pickup/Release Emergency Contact #1 First Name Last Name Work Phone Email Relation to child Email Relation Re	Γown/City	State Zip code Child's Home Phone				2		
Eirst Last Ms. Mrs. Mr. Other Street Address Cown/City State Zip Code Work Phone Cocupation Employer Parent/Guardian #2 First Last Ms. Mrs. Mr. Other Employer Cell phone E-mail Ms. Mrs. Mr. Other Employer Cocupation Employer Cocupation Employer Cocupation Employer Cocupation E-mail Employer Cocupation E-mail Employer Child lives with: Person responsible for payment Cocupation Alternate Pickup/Release Comergency Contact Information - Alternate Pickup/Release Comergency Contact #1 First Name Last Name Work Phone Cell Phone Email Relation to child Cocupation Email Relation to child Cocupation Name of Health Insurance Provider	Parent/Guardian - Contact	Information						
State	Parent/Guardian #1							
State	First	I	_ast			Ms.	Mrs. Mr. Other	
Cell phone						-		
Cell phone	Γown/City	State Zip Co	de W	ork Phone				
Decupation Employer								
Eirst Last Ms. Mrs. Mr. Other Street Address Flown/City State Zip Code Work Phone Cell phone E-mail Decupation Employer Child lives with: Person responsible for payment Emergency Contact Information – Alternate Pickup/Release Emergency Contact #1 First Name Last Name Work Phone Cell Phone Email Emergency Contact #2 First Name Last Name Work Phone Cell Phone Email Relation to child Emergency Contact #2 First Name North Phone Cell Phone Email Relation to child Medical Release Information Policy Number Name of Health Insurance Provider Primary Physician Address								
State Zip Code Work Phone Cell phone E-mail Decupation Person responsible for payment Emergency Contact Information - Alternate Pickup/Release Emergency Contact #1 First Name Last Name Work Phone Cell Phone Email Emergency Contact #2 First Name Last Name Work Phone Cell Phone Email Relation to child Email Relation to child Medical Release Information Policy Number Name of Health Insurance Provider Primary Physician Address	Parent/Guardian #2							
State Zip Code Work Phone Cell phone E-mail Decupation Person responsible for payment Emergency Contact Information - Alternate Pickup/Release Emergency Contact #1 First Name Last Name Work Phone Cell Phone Email Emergency Contact #2 First Name Last Name Work Phone Cell Phone Email Relation to child Email Relation to child Medical Release Information Policy Number Name of Health Insurance Provider Primary Physician Address	First	I	_ast			Ms.	Mrs. Mr. Other	
Fown/City State _ Zip Code Work Phone								
E-mail	Γown/City	State Zip Co	de W	ork Phone				
Employer Child lives with:								
Emergency Contact Information – Alternate Pickup/Release Emergency Contact #1 First Name								
Emergency Contact #1 First Name	Child lives with:	Person responsible for payment						
Emergency Contact #1 First Name	Emergency Contact Inforn	nation – Alternate P	ckup/Release	<u>,</u>				
Cell Phone Email	Emergency Contact #1		-					
Cell Phone Email	First Name	Last Name		_ Work Phone _				
Relation to child Emergency Contact #2 First Name Last Name Work Phone Cell Phone Email Relation to child Medical Release Information nsurance Information Name of Health Insurance Provider Primary Physician Name of Health Insurance Provider Address	Cell Phone	Email						
Eirst Name Last Name Work Phone Cell Phone Email Relation to child Medical Release Information nsurance Information Name of Health Insurance Provider Primary Physician Name of Health Insurance Provider Address	Relation to child							
Cell Phone Email Email Relation to child Medical Release Information Policy Number Name of Health Insurance Provider	Emergency Contact #2							
Cell Phone Email Email Relation to child Medical Release Information Insurance Information Policy Number Name of Health Insurance Provider Primary Physician Address	First Name	Last Name		_ Work Phone _			-	
Medical Release Information Insurance Information Policy NumberName of Health Insurance Provider Primary PhysicianAddress	Cell Phone	Email						
nsurance Information Policy Number Name of Health Insurance Provider Primary Physician Address								
nsurance Information Policy Number Name of Health Insurance Provider Primary Physician Address	Medical Release Information							
Policy NumberName of Health Insurance ProviderName of Health Insurance Provider	Insurance Information							
Primary PhysicianAddress			Name of Ho	ealth Insurance P	rovider			
Address								
Phone Hospital Preference	Address							
	Phone		Hospital Prefe	rence				

Please provide a copy of VA School Entrance Medical Form signed by a parent on Page 1 and a doctor on Page 4, with a list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes No If yes, explain:
Is your child allergic to any type of food or medication? Yes No If yes, explain:
Does your child require a special diet? Yes No If yes, explain: The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may
interfere with or alter treatment.
I understand that I will be notified in case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.
Parent's/Guardian's Initials
I understand that Shamrock Performance Field Hockey Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.
Parent's/Guardian's Initials
Terms of Agreement Photo Release I hereby give permission for my child to be photographed during the VINCI School Summer Camp. I understand the photos will be used to keep a journal of activities, to share during exchanges with parents and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used, his or her identity will never be disclosed.
Parent's/Guardian's Initials
VINCI School is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).
Parent/Guardian Signature:Date:
Printed Name of Parent/Guardian:
Payment Options: 1. Make Checks Payable to: VINCI School Merrifield 2. Send payment via Zelle to vincimerrifield@gmail.com