

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

Program (Check the boxes where applicable)

Upper Elementary Camp: Introduction to Chemistry & PFAS (Rising Grade 5 to Grade 7)

Date: July 7th - July 25th, 2025

Cost: \$750 (9am-12pm)

Cost: \$1350 (9am -4pm, lunch included)

Child

First _____ Middle _____ Last _____ Gender: Male Female
School Name _____ Grade _____ Birth date ____/____/____
Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ 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 _____
Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Work Phone _____
Cell Phone _____ Email _____
Relation to child _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

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 VINCI School 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