



706 Gilbert Street, Durham, NC 27701  
Phone: (919) 683-1197 Fax: (919) 688-1249 www.seedsnc.org

***Please complete and sign this application (a separate application for each child)  
and return by May 13***

### **Summer SEEDlings Application**

**A day camp from 8 am to noon, Monday – Friday, for children completing 1st – 5th grades.**

Please check which week(s) your child will be attending:

\_\_\_\_\_ June 20 – 24    \_\_\_\_\_ June 27 – July 1    \_\_\_\_\_ July 11 – 15    \_\_\_\_\_ July 18 - 22

Child's name: \_\_\_\_\_

Child's date of birth (month/day/year) \_\_\_\_\_

School and grade child will be entering in the fall \_\_\_\_\_

Parent/Guardian's names \_\_\_\_\_

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

Email \_\_\_\_\_

Phone number(s):

Day \_\_\_\_\_ Evening \_\_\_\_\_

Name and number of another adult in case we can't reach you: \_\_\_\_\_

\_\_\_\_\_

Name and number(s) of any other adult(s) allowed to pick up your child after camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Does your child have any health issues we should know about? Please tell us: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child takes and why: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies, including allergies to any foods or bee stings? Yes/No  
Please List \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the program?

\_\_\_ Child currently in SEEDlings    \_\_\_ Friend or neighbor    \_\_\_ Teacher or counselor

\_\_\_ Child participated last summer    Other (please tell us): \_\_\_\_\_

***The full cost of camp is \$100 per week per child, and \$75 per week for any sibling or siblings.***

***A nonrefundable deposit of \$10 per child for each session is due by May 24. Limited camperships are available. Please call to inquire.***

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

Questions? Please call SEEDS at 683-1197 or email [info@seedsnc.org](mailto:info@seedsnc.org) for more information.