



# KIDZ, INK SUMMER CAMP REGISTRATION FORM 2018

Weekly Fee \$ \_\_\_\_\_ per week  
Plus a onetime Non-Refundable Fee of \$ \_\_\_\_\_ (Covers all trips)  
Payments are not based on attendance. All charges are based on slots occupied



\*Camp begins Monday, June 18<sup>th</sup> (Depending on the last day of school)

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade entering in the Fall: \_\_\_\_\_

Shirt Size: Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_ Adult Small \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Cellular #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Cellular #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only:

- Child Health Appraisal Completed and attached
- Emergency Form Attached
- Food Allergy Assessment Attached
- Parent Acknowledgment Receipt of Policies Attached

I am registering my child to attend Summer Camp for the following weeks: (Initial each week)

Session 1	June 18 <sup>th</sup>		Session 6	July 23 <sup>rd</sup>	
Session 2	June 25 <sup>th</sup>		Session 7	July 30 <sup>th</sup>	
Session 3	July 2 <sup>nd</sup>		Session 8	August 6 <sup>th</sup>	
Session 4	July 9 <sup>th</sup>		Session 9	August 13 <sup>th</sup>	
Session 5	July 16 <sup>th</sup>		Session 10	August 20 <sup>th</sup>	

- I am registering my child to attend Summer Camp for the Entire summer: (Initial) \_\_\_\_\_
- Camp Joy: Ages 5-7
- Camp Adventure: Ages 8-12

**All scheduled vacations must be in writing at the time of enrollment to not be billed. Tuition payment is due regardless of attendance, vacation, etc. If you register for any particular week and do not attend, tuition will still be due.**

I, \_\_\_\_\_, give permission for my child to be transported and attend all field trips in association with Kidz, Ink Summer Camp.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY MEDICAL CARE

I, \_\_\_\_\_, THE PARENT (OR LEGAL GUARDIAN) OF \_\_\_\_\_ WHO IS MY MINOR CHILD, HEREBY AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT I CANNOT BE CONTACTED TO GIVE PERMISSION TO TREAT. I UNDERSTAND I WILL BE FINANCIALLY RESPONSIBLE FOR THE COST OF SUCH TREATMENT

### Withdrawal

A two week termination notice is required. Your account will be charged for the two weeks if notice is not given. All payments are due on Monday. Any payments received after 6:30 p.m. on Tuesday of each weekly period will be considered late. There will be a \$5.00 late fee applied for each day payment is not received after Tuesday until your FULL PAYMENT is received. (Including Saturday & Sunday) Payments are not based on attendance. All charges are based on slots occupied. Sibling discounts do not apply to summer camp.

### Late Pick-Up Policy

All children must be picked up by 6:30 p.m.. Any late pick-ups after this time will incur a late fee of \$15.00 charge for the first 15 minutes. Any time after then will be \$5.00 per minute. Please call the center if you find that you will be later than expected.

### Absences

If your child is going to be absent, please call the center to inform the camp staff. Payments are not based on attendance. All charges are based on slots occupied.

### Fieldtrips

Every week our camp will travel by bus on field trips days. Those trips are scheduled to best meet weather conditions. Most costs are included in the regular camp fee. Our field trips will often be in place of regular morning activities.