



SUMMER CAMP REGISTRATION FORM 2019

CHILD _____ D.O.B. ____/____/____ PHONE _____

Weekly Tuition: \$176.40 per week or \$40.53 per day (when available)

Camp Week (please circle)	Tuition Due
Space Cadets 6/17-6/21 M T W Th F	\$
Fun with food 6/24-6/28 M T W Th F	\$
Wet & Wild 7/01-7/05 M T W Th F (Closed 07/04)	\$
Pirates 07/08-07/12 M T W Th F	\$
Mad Scientist 07/15-07/19 M T W Th F	\$
Theatre 07/22-07/26 M T W Th F	\$
Under the big top 07/29-08/02 M T W Th F	\$
Bug's life 8/07-08/11 M T W Th F	\$
Fairy Tales 08/12-08/16 M T W Th F	\$
8/19-08/23	NO CAMP
TOTAL DUE:	

I understand that I am contracting summer camp care and agree to abide by the following terms and conditions:

Bi-weekly payments of the contracted fee indicated below are due, on alternative Mondays that are listed below. The fee is due regardless of holidays, snow days or absences. If your tuition is late, but paid during the second week after the Pay Monday, the late fee will be \$10.00. If payment during the second week after the Pay Monday, the late fee will be \$20.00. If the bank returns a check, the parent is charged both the late fee and a \$10.00 returned check fee. If payment for contracted care is not received for two consecutive "Pay Mondays" and no arrangement for payment has been made with the Director, the child's contract will be cancelled and s/he will not be permitted to attend the program as of the second Pay Monday. Before the child may attend the program again, past due tuition must be paid in full and a new schedule arrangement must be made.

Childcare financial assistance: \$ _____

Total Tuition due for camp: \$ _____

"Pay Mondays" for Summer Camp 2019

- 06/17/2019
- 07/01/2019
- 07/15/2019
- 07/29/2019
- 08/12/2019

By signing you are confirming you have read, understand and agree to follow the policies while your child/children attend/s the Center. The Center may amend the policies and procedures annually. The Champlain Islands Parent Child Center- South reserves the right to cancel this contract if our policies are not upheld.

Parent/Guardian signature

Date

Director signature

Date





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RELEASE and EMERGENCY FORM

CHILD'S FULL NAME: _____ DOB: _____ HOME PHONE: _____

HOME ADDRESS: _____

CHILD'S DENTIST & PHONE NUMBER: _____

CHILD'S PHYSICIAN & PHONE NUMBER: _____

ALLERGIES: _____ MEDICATIONS: _____

BRINGING AND PICKING UP CHILDREN

I hereby allow my child to be brought and/or picked up by the following persons other than his or her parents. These are exclusively the only people guaranteed access to my children unless otherwise stated:

Staff may withhold a child from a parent only if there is a court order prohibiting release to that particular parent, and if a copy of that court order is on file at the Center.

PARENT/GUARDIAN'S FULL NAME: _____

(H) _____ (C): _____ Email: _____
EMPLOYER: _____ (W) _____

PARENT/GUARDIAN'S FULL NAME: _____

(H) _____ (C): _____ Email: _____
EMPLOYER: _____ (W) _____

PARENT/GUARDIAN with LEGAL CUSTODY _____

EMERGENCY CONTACTS

***CONTACTS MUST BE OTHER THAN PARENTS (We always try to contact parents first)**

PRIMARY EMERGENCY CONTACT

FULL NAME: _____

(H) _____ (C): _____ (W) _____
Relationship to child: _____

SECONDARY EMERGENCY CONTACT

FULL NAME: _____

(H) _____ (C): _____ (W) _____
Relationship to child: _____

OUT OF TOWN EMERGENCY CONTACT (if different from above)

FULL NAME: _____

(H) _____ (C): _____ (W) _____
Relationship to child: _____





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PERMISSION FORM

CHILD'S NAME _____

Emergency

I hereby give permission for CIPCC-South to call South Hero Rescue Squad in the event of an emergency. Rescue personnel will transport my child to University of Vermont Medical Center in Burlington. If necessary the Champlain Islands Parent Child Center-South is authorized to seek treatment in my absence. I understand that all possible attempts to contact me will be made in an emergency.

Evacuation

I hereby give permission for CIPCC-South staff to transport my child to the designated emergency shelter in the event of an entire area evacuation. Children will be escorted to Folsom Educational Center in the case of a prolonged Center evacuation.

PARENT/GUARDIAN SIGNATURE

DATE

Topical non-prescription medications (please circle one)

I **DO / DO NOT** give permission for CIPCC-South staff to apply topical non-prescription medications such as Neosporin.

Spontaneous Walks (please circle one)

I **DO / DO NOT** give permission for my child to go on spontaneous walks in the community with CIPCC-South Staff. I understand that all safety precautions will be followed and I will be informed of such walks at the end of the day.

Photographs (please circle one)

I **DO / DO NOT** agree for my child's image to be published in Center materials such as program brochures, web pages, etc. to publicize the Center and our services. We also take photographs during our programs for curriculum documentation purposes that would not be published.

Water Activities (please circle one)

I **DO / DO NOT** give permission for my child to participate in water activities including sprinklers and water games.

Sunscreen

All children at CIPCC-South need to wear sunscreen while playing outdoors. We ask that each family supply a bottle of sunscreen.

I give the CIPCC-South staff permission to apply sunscreen to my child _____

PARENT/GUARDIAN SIGNATURE

DATE



