

ADVENTURE CAMP ENROLLMENT

How did you hear about us? _____

Child's Name _____ Gender _____ Date of Birth ____/____/____

Elementary School: _____

Address _____ City _____ State/Zip _____

Program Selection: _____ Start Date ____/____/____ Withdrawal Date ____/____/____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Home Church: _____ Home Church: _____

Does child live with both parents? ____Yes ____No

Whom child lives with and marital status of that parent.

Is there a custody order on file? ____Yes ____No

Other children in the family: Name _____ Age _____

School _____

Name _____ Age _____

School _____

Emergency Contact and Pick Up (other than parents; ID will be required)

Name _____ Relationship _____

Address _____ Contact Phone _____

Authorized Pick Up (other than parents; ID will be required)

Name _____ Contact Phone _____

Name _____ Contact Phone _____

Name _____ Contact Phone _____

I have received and agree to the policies of Summit Christian Learning Center.

Signature _____ Date: _____

I understand it is my responsibility to change any information in this enrollment form as needed. By this signature I am verifying that this information is true and correct to the best of my knowledge. In consideration for my child being allowed to participate in activities at Summit Christian Center, I hereby release, discharge, indemnify and agree to hold harmless Summit Christian Center, its directors, officers and employees, agent and all volunteer personnel from any and all liability for personal injuries and or damages, injury or illness that may be suffered by

(Child Name) _____ We further agree to indemnify and hold harmless Summit Christian Center, it's directors, officers, employees, agent and all volunteer personnel for any claim and or damages, or its agents are required to pay as result of any injury or damage including reasonable attorney fees, litigation expenses and court costs.

Signature _____ Date _____

MEDICAL INFORMATION AND RELEASE

Child's Name _____ Date of Birth ____/____/____

Child's Physician _____

Physician Address: _____ Phone _____

Medical Insurance Carrier & Policy #: _____

_____ **My Child has NO special/medical needs, injuries, or allergies (Environmental, food and/or medical)** This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed or over the counter for continuous, long term use.

_____ **My Child has special/medical /developmental needs, injuries, or allergies (Environmental, food, and/or medical)** This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed or over the counter for continuous, long term use. **List Below:**

Please answer all of the following questions, if yes please describe:

- | | | | |
|--|------------------------------|-----------------------------|-------|
| Does your child have any hearing or speech difficulty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Is your child taking any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Does your child have asthma or wheezing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Does your child have epilepsy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Does your child have febrile (fever) seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Is your child allergic to insect bites or stings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Has your child ever had chicken pox? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Has your child had allergic skin reactions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Has your child been hospitalized or had a Medical condition in the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Any other surgical or medical information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

My child's immunizations / health records are current. I have provided Summit Christian Center with a copy of current records and Physician Statement Request form (see attached) and my child will not be accepted into care until current shot records are received. Physician Statement must be received before the child is in care.

Signature _____

In the event that I cannot be reached to make arrangements for emergency medical treatment at the time of illness or accident, I hereby authorize Summit Christian Center to call EMS to take my child to the closest emergency room.

Signature _____ Date _____

PARENT NOTIFICATION OF CUSTODY ISSUES

To be filled out regardless of marital status

We cannot legally prevent a child from being picked up by a parent or person designated by a parent. If parents are legally separated or divorced, we cannot restrict the days or times parents pick up their children. Parent must be responsible to adhere to their custody agreement and/or decide between themselves which days and times each of them will pick up their child. Summit Christian Learning Center is legally obligated to release the child to their parent. If a parent as no legal right to pick up their child, or has a restraining order in effect, the school MUST HAVE A COPY OF THE COURT ORDER stating such on file. Otherwise, either parent may check the child out of the school with proper identification.

I have read the above statement regarding pick up custody issues of legally separated or divorced parents. This form should be signed regardless of your marital status. You signature states that you understand Summit Christian Learning Center Policy regarding custody issues.

Child(ren) Names: _____

Parent / Guardian Signature: _____

Date:

Medical Waiver

My child _____ has his/her immunization records, TB skin test record, hearing and vision screening on file at his / her Elementary school.

School Name: _____

Address: _____

Phone: _____

Parent Signature: _____ Date _____

Food Allergy Emergency Plan

**MUST BE COMPLETED BY PHYSICIAN AND SIGNED BY PARENT
PRIOR TO ENROLLMENT.**

CHECK ONE

- _____ (Child's name) does not have FOOD ALLERGIES.
- _____ (Child's name) has the following FOOD ALLERGIES.

List all food allergies: _____

Symptoms if exposed to allergen: _____

Steps to take if the child has an allergic reaction:

Physician's Signature/ Stamp: _____ Date: _____

Physician's Address & Phone: _____

Parent Signature: - _____

PROGRAMMING AND PRICING SHEET 2018-2019

ALL PROGRAMS HAVE AN ANNUAL REGISTRATION FEE OF \$100 DUE AT TIME OF REGISTRATION.

CURRENT FAMILIES HAVE AN ANNUAL REGISTRATION FEE OF \$50 SPACE PERMITTING.

SUMMER CAMP FEE IS \$150 PER CHILD

ALL STUDENTS HAVE AN ANNUAL \$125 SUPPLY FEE DUE FEBRUARY 2019.

ALL PROGRAMING AND PRICES ARE EFFECTIVE MONDAY, JULY 30, 2018.

PROGRAMS

ELEMENTARY AFTERSCHOOL – K-5 TH GRADE	\$75 per week + \$75 tuition deposit
ELEMENTARY CAMP 1 ST -5 TH GRADE – Monday-Friday	\$215 per week + \$215 tuition deposit

We are proud to offer the following discounts

10% off of tuition for Active Military, Active First Responder, Active Educator or Active Summit Church Member.

All discounts require current identification from the above agencies and will be only be applied in honor of parents or legal guardians of the enrolled child(ren).

10% off of tuition for siblings. (Youngest child at standard rate)

10% off of tuition for Legacy Families (Families who have been in care for 3 years at Summit, applied on 3rd anniversary date of enrollment)

10% off Family Discounts (Families with 3 or more children co-currently enrolled)

Discounts cannot be combined

DAILY DROP-IN RATE WHEN AVAILABLE:

\$60 (18 Months to 5 Years Old)

HOURLY RATE:

\$10.00 per hour

DROP IN MUST BE APPROVED WITH CENTER ADMINISTRATION 48 HOURS PRIOR TO REQUEST

ALL FEES AND TUITION ARE NON-REFUNDABLE

TUITION & FEE AGREEMENT 2018-2019

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Program Selection: _____

- A Registration Fee of \$100 is due per child for New Enrollments, current families are \$50.
- Summer Camp fee is \$150 per child
- Registration Fees are due at the time of registration.
- A Supply Fee of \$125 is due in February 2019.
- A tuition deposit is due at the time of registration in the amount of 1 week tuition.
- This deposit will be credited to my last tuition payment.
- Each enrolled student is able to use 2 weeks of vacation credit per school year without charge. This can be used for vacation or illness. This cannot be used in lieu of a 2 week notice. Children cannot be in attendance during vacation / illness weeks.
- Tuition is billed and due on Monday of the current week. Tuition is payable whether or not my child attends. If tuition and or late fees are not paid by Monday at 6pm, I understand that my child cannot return to care the following Tuesday until paid, and a late fee of \$25 per week will be assessed for late payment and my enrollment may be revoked if not paid in full by Tuesday at 6pm.

Tuition rate \$ _____ Tuition Deposit \$ _____ Annual Registration Fee \$ _____ Annual Supply Fee \$125

Parent Initials _____

<ul style="list-style-type: none">• I understand that Fees are non-refundable and are not pro-rated for Holidays or absence. (Parents' Initials) _____• During summer months and holiday times, an activity fee may be charged. Activity fees are for additional activities outside our normal planned curriculum. Parent will be notified 14 days in advance of activity fee options. (Parents' Initials) _____• Late pick up fees are assessed at the rate of \$1.00 per minute beginning at 6:35 pm and/or after 90 minute school requested pick up time. Children not picked up within 15 minutes of closing, or after the requested school pick up time may be reported to the governing authorities. Summit Christian Learning Center is not financially responsible for any governing authority fees. (Parents' Initials) _____• In the event I choose to end my relationship with Summit Christian Learning Center and withdraw my child, a two week written notice will be given and my deposit will be credited towards my account balance. I will ensure that my account has a zero balance on my child's last day of programming. All accounts are subject to collection / legal action and will include all associated collection and legal fees if not paid in full of which I am responsible for. (Parents' Initials) _____

Parent Name: _____ Parent Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Office use only:

- Registration Fee
- Supply Fee
- Tuition Deposit
- Discounts available
- Discounts Verified

PHOTO RELEASE

Dear Parents,

During the school year, opportunities arise to provide positive information and publicity about our programs and events to the general public or specific audiences. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film students for news or non-profit publications, television or radio broadcasts, or for educational information and training or various publications and brochures printed by the Summit Christian Center.

Permission is needed for your child to be the subject of any news media publicity or included in our publications. Please sign this form and return it to the Learning Center, where it will be kept on file for future reference.

I give
 Do not give

Summit Christian Center permission to use my Child Picture and First Name in:
Newsletters/ Classroom, Website, Summit Social Media & Local Television Ad

No last names or other personal information will ever be used

Child's Name

Parent's Signature

Date

SUNSCREEN/INSECT REPELLENT PERMISSION

If you are desiring for your child to wear Sunscreen or Insect Repellent, we do encourage parents to apply it at home. If you are unable to do so, we are willing to apply our Sunscreen/Insect repellent for you, upon parent request.

Having signed the acknowledgement below, you permit us to apply our Summit Sunscreen/Insect Repellent.

Please be sure to notify your child's teacher that you are requesting for the Sunscreen/Insect repellent to be applied.

Your signature below authorizes Summit Christian Learning Center to apply Sunscreen or Insect Repellent to your child upon request, as well as acknowledges your awareness of this policy.

Child's Name _____

Parent or Guardian Signature

Date

2018-2019 DATES OF OPERATION & IMPORTANT DATES

Program Hours of Operation

Summit Christian Learning Center operates Full Time Summer programming Monday-Friday from 6:30am-6:30pm in June-August.

We offer afterschool care in that is aligned with NEISD School District.

We will be closed on the following days in observance of Federal Holidays, Christian Holidays, Local Holidays, Holiday Breaks and Teacher In-Service Days.

- June 11, 2018 First day of Adventure Camp
- CLOSED July 4, 2018
- August 24, 2018 Last day of Adventure Camp
- August 27, 2018 First day of Afterschool Care
- CLOSED September 3, 2018 (Labor Day)
- CLOSED September 28, 2018 (Church Holiday)
- CLOSED October 9, 2018 (Teacher In-Service)
- CLOSED November 22-23, 2018 (Thanksgiving Holiday)
- CLOSED December 24-28 2018 (Christmas Break Closure NO TUITION DUE)
- CLOSED January 1, 2019 (New Year's Day Holiday Observed)
- CLOSED January 21, 2019 (MLK Day)
- CLOSED February 18, 2019 (Teacher in-service day)
- CLOSED April 19, 2019 (Good Friday)
- CLOSED April 26, 2019 (Battle of the Flowers)
- CLOSED May 27, 2019 (Memorial Day)

Parent Name: _____ Parent Signature: _____ Date: _____

Summer Camp 2018 Program Schedule and Field Trip Agreement

Summit Christian Learning Center has Full Time Summer Programming Monday-Friday from 6:30am-6:30pm.

____(Initials) Camp Dates are from June 11, 2018 – August 24, 2018.

____(Initials) Field Trips are not optional and are included in your weekly tuition rate.

Field Trips

____(Initials) Field Trips will be on Tuesday and Thursday of each week.

____(Initials) For VBS week, July 23-27 we will be participating as a weeklong field trip on site.

____(Initials) A Field Trip Itinerary, including locations, will be available in April 2018. At this time, Parents will be required to complete the field trip permission slip for Adventure Camp field trips.

Each Monday, the specifics of the week's field's trips (i.e., addresses, names of attending chaperones, etc.) will be posted on the classroom doors.

I understand that my child must be present and checked into care by 8:30am on Field Trip Days. I understand that Field Trip Itineraries may change and that I will be notified 48 hours in advance of changes.

Parent Name: _____ Parent Signature: _____ Date: _____

ALL ABOUT ME!

Attach recent photo of child here

Childs Name: _____

Age: _____ Eye color: _____ Hair color: _____

Has your child attended school before? _____ If so where? _____

What type of programming? _____

In what ways would you like to see our program help your child?

Special Aptitude, Hobbies or Interests:

Favorite song: _____

Favorite food: _____

Favorite book: _____

Favorite toy: _____

Favorite place to visit: _____

Best time of day: _____

People that live in my house: _____

Special people in my life: _____

Family pets: _____

Please describe a typical day in the life of your child, daily routines, eating and sleeping schedules, activities, outings, etc.

Learning to communicate and cooperate with other children and adults is an important part of your child's Learning Center experience. Any information you can provide about your child's abilities and style of communication and cooperating will be helpful to us in meeting the needs of your child.

How does your child respond to new people? Is he/she shy around strangers or does he/she appear happy and curious?

How does your child behave in play situations with others? Does he/she enjoy observing children play? Does he/she prefer to play next to another child or to share activities with other children?

What techniques do you use to help your child feel comfortable with your visitors at home?

What kinds of activities does your child enjoy with his or her favorite people?
