



Beginners Inn Child Care & Learning Center SUMMER CAMP 2017

Enrollment Form
Children- 2nd grade- 6th grade

Child's Information

Date of Application _____ Date Child Will Begin Attending _____

Child's Full Name _____ Name Usually Called _____

Sex _____ Age _____ Birth Date _____

Child's Home Address _____ City _____ Zip _____

Home Telephone Number _____ Email Address _____

Emergency Contact: Name _____ Number _____

Please choose the days that your child will attend this summer. Minimum enrollment is 3 full days per week.

| Week # | WEEK OF: | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|-------------------------|--------|---------------|-----------|----------|--------|
| 1 | June 19 ~ June 23 | | | | | |
| 2 | June 26 ~ June 30 | | | | | |
| 3 | July 3 ~ July 7 | | CLOSED | | | |
| 4 | July 10 ~ July 14 | | | | | |
| 5 | July 17 ~ July 21 | | | | | |
| 6 | July 24 ~ July 28 | | | | | |
| 7 | July 31 ~ August 4 | | | | | |
| 8 | August 7 ~ August 11 | | | | | |
| 9 | August 14 ~ August 18 | | | | | |
| 10 | August 21 ~ August 25 | | | | | |
| 11 | August 28 ~ September 1 | | | | | |

Field Trip Permission Slip

I, _____ give permission for my child _____ to
Parent/ Guardian Child's Name

attend field trips with The Beginners Inn Child Care and Learning Center. I understand my child will be walking or transported by The Beginners Inn Child Care and Learning Center buses. I have received and reviewed the field trips that my child will be attending. I understand that during field trips my child will be supervised by The Beginners Inn Child Care and Learning Center staff.

Parent Signature

Date

Parent/ Guardian Information

Child's Primary Caregiver(s) is/ are:

Single Married Separated Divorced Widowed Grandparents

Please list the primary adult(s) that reside in the home with the child.

1. Name _____ Relationship to child _____
Employer _____ Work Telephone Number _____
Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

_____ Email _____

2. Name _____ Relationship to child _____
Employer _____ Work Telephone Number _____
Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

_____ Email _____

Please list any other family members and their ages that reside with the child.

Child's Information

Does your child have any allergies to foods, medications or dietary restrictions that would affect them while they are in our care? **NO YES**

Please list the allergy, medications taken for it and any side effects or reactions to watch for. or, please list your child's dietary restrictions.

Besides the listed above, does your child currently take any medications or supplements that we should be aware of? **NO YES**

Please list the medication(s) or supplement(s) and any side effects or reactions that we should watch for.

Is there any additional information about your child or family that you feel Beginners Inn should be aware of?

Additional Information

Has your child previously been in a Summer Camp? **NO YES** Where at? _____

What prompted you to choose Beginners Inn? _____

How did you learn about Beginners Inn? _____

What goals do you have for your child during their enrollment with Beginners Inn?

Beginners Inn Summer Camp 2016 Enrollment Policy Agreement

Please read the policies of Beginners Inn Day Camp. Sign and return this form with the other required forms at the time of enrollment.

I understand the tuition rates are as follows:

3 days: \$160.00

4 days: \$189.00

5 days: \$201.00

I understand that the summer activity fee of \$125.00 is **non-refundable** and my deposit fee is refundable only toward my last week of scheduled tuition. The activity fee will help to offset the cost of field trip, activities, and camp shirts.

I understand that tuition payment is due even if my child is unable to attend due to illness or other circumstances and **no make-up days** are provided.

I understand that *tuition is based on the days that my child is registered for*. If my child attends more than their registered days the greater will be added to my tuition account.

Tuition payments are due on Friday of the prior week or Monday of each week your child is scheduled for. Payments can be made through our payment system called Tuition Express. If payment is not received by Monday, of that week your account will be charged a late fee of \$25.

I understand there will be a \$25.00 fee for any returned checks.

I understand that field trips are included in my weekly tuition.

Beginners Inn hours of operation are from 6:30am to 6pm M-F. If my child is not picked up by 6:00pm I will be assessed a late fee of \$1.00 per minute and this amount will be applied to my tuition account.

I understand that my child will need to bring lunch and snacks **each day** they are at camp.

Children will have the opportunity to purchase concessions during field trips. Money supplied by the parent should be in a marked envelope and given to a Camp Leader.

I have read and understand the above policies and understand that it is required that my child/children have the following forms on file to stay enrolled in The Beginners Inn Summer Day Camp:

- Enrollment Form
- Child Information Form
- Enrollment Policy Agreement
- Statement of Good Health Form
- Immunization record

Parent/ Guardian Signature _____

Date _____