



Summer Camp 2019 Enrollment and Policies Form

1 – Complete the Enrollment Form:

Child's Name: _____				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB: / /	Age: _____	

Mother or Guardian	Father or Guardian
Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____

Please indicate how to reach you by phone (in order of priority):

First ph. to call: _____ Second ph. to call: _____ Third ph. to call: _____

2 – Choose a Program and make the corresponding payment:

- | | | |
|--|--|--|
| <input type="checkbox"/> Morning Program
9:00am – 12:00pm
<input type="checkbox"/> 1 week \$150.00
<input type="checkbox"/> 2 weeks \$280.00
<input type="checkbox"/> 3 weeks \$390.00
<input type="checkbox"/> 4 weeks \$450.00
<input type="checkbox"/> 1 day \$40.00 | <input type="checkbox"/> Afternoon Program (NOT FOR LITTLE SEED AND GREEN)
1:00pm – 4:00pm
<input type="checkbox"/> 1 week \$150.00
<input type="checkbox"/> 2 weeks \$280.00
<input type="checkbox"/> 3 weeks \$390.00
<input type="checkbox"/> 4 weeks \$450.00 | <input type="checkbox"/> Full Day Program
9:00am – 4:00pm
<input type="checkbox"/> 1 week \$210.00
<input type="checkbox"/> 2 weeks \$390.00
<input type="checkbox"/> 3 weeks \$490.00
<input type="checkbox"/> 4 weeks \$580.00
<input type="checkbox"/> 1 day \$52.00 |
|--|--|--|

- _____ Registration Fee \$30.00.
- _____ All fees are **NON-REFUNDABLE** once the enrollment is completed. **No exceptions.**
- _____ A Week means 5 consecutive days (from Monday through Friday).
- **Extended Hours Available:**
 - 7:30am – 9:00am **\$35.00** per week
 - 4:00pm – 6:00pm **\$45.00** per week

3 – Choose the Session(s) of your preference:

<input type="checkbox"/> First Session	<input type="checkbox"/> Second Session	<input type="checkbox"/> Third Session																																																																						
JUNE 2019	JULY 2019	AUGUST 2019																																																																						
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- Once enrolled you have until the following dates to define the weeks your child will be attending, and to make the corresponding payment. After that, changes **cannot** be made (**NO EXCEPTIONS**)
 - **For the First Session – Until May 18th**
 - **For the Second Session – Until June 15th**
- If you do not choose the weeks before those dates, we cannot guarantee that your child is going to have her/his space on the week you have planned.

4 – Authorizations:

I hereby grant permission for my child use all the play equipment and participate in all physical activities at the center.

Parent or Legal Guardian Signature: _____ Date: _____

I hereby grant permission for Framboyant Staff to take pictures of my child during any activity and use it on their discretion on webpage, Facebook, etc.

Parent or Legal Guardian Signature: _____ Date: _____

5 – Special Needs:

List any special problems that your child may have, such allergies, existing illness, previous serious illness, injuries and hospitalizations during past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver’s should be aware of:

6 – Note for non-current families:

In order to maintain a proper environment, all students are accepted on a trial basis. After the trial period, the school reserves the right to request the withdrawal of any student whose behavior in the school is considered detrimental to the students or to the school’s best interest.

7 – Medical Records:

My child attends the following school and his/her immunization record is n file there. An Immunization and Tuberculosis’ tests are current.

Name of school:	Phone:
Address:	

Signature of Parent or Legal Guardian

8 – Authorization for Emergency Medical Care:

In the event I cannot be reached to make arrangements for emergency medical situation, I authorize the facility director or person in charge to take my child to:

Name of Physician:	Phone:
Address:	
Name of Hospital	Phone:
Address:	

I give consent for this facility to secure any and all necessary emergency medical care for my child and I understand that any expense incurred will be borne by me.

Signature of Parent or Legal Guardian

9 – Authorization for Pick Up:

I hereby authorize the Framboyant staff to allow my child to leave the center with ONLY the following:

Name:	Driver’s License #
Name:	Driver’s License #

UNDER NO CIRCUMSTANCES YOUR CHILD WILL BE RELEASED TO ANYONE THAT IS NOT AUTHORIZED BY PARENTS OR A GUARDIAN.

Person to call, in case of emergency, other than parents.

Name:	Relation:
Address:	
Home Phone:	Work Phone:
Comments:	

Signature of Parent or Legal Guardian

I have read the above, **AGREE TO THE PREVISIONS**, for enrolling my child for Framboyant Summer Camp 2019.

Child’s Name:

Parent Signature: _____ Date: _____