

Coastal Day School Summer Camp 2020

Important Registration Information

To register your child for our summer camp program, we will need completed paperwork along with the non-refundable, non-transferable registration fee. The registration fee will be \$5.00 per child, per week that you register for. For example, if you register one child for three weeks of camp, you will be required to pay \$15.00 at the time of enrollment. If you decided to add additional weeks at any point during the summer (pending availability), you will then be required to pay the additional \$5.00 per week, per child registration fee.

As a reminder, we do not have a minimum on the number of weeks your child attends and you only pay for the weeks you register for. **Please keep in mind that once you have turned in a registration form, we cannot make changes to the dates you've registered for and you will be required to pay for the dates reserved, regardless of attendance. We will not make any exceptions to this policy for any reason.** We provide a quality program with a low student/teacher ratio and awesome field trips that usually require prepayment (we've actually already paid for some of them) so when we hold a space for a child, it is important that we receive payment for that space in order to continue providing all the fun activities we do daily. We feel badly when plans change and parents are still expected to pay for the weeks they have reserved, but please understand that **we cannot make any exceptions to this policy** in order to be able to keep our camp open and functioning. If multiple parents were to ask each week to make changes to what they have reserved, it would severely affect our ability to continue to operate as it is very difficult to fill spaces last minute when parents have already made other arrangements for their children once our program is full.

Spaces are first come, first serve.

We are looking forward to a great summer and hope your family will be joining us!



Child's Name _____
Last Name First Name MI

Birthday _____

Street Address _____

City _____ Zip Code _____

Parent 1 _____ Phone Number _____

Parent 2 _____ Phone Number _____

Email _____

CDS may release my child to the following _____

In case of an emergency contact (if you cannot be reached)

1st Choice _____ Phone Number _____

2nd Choice _____ Phone Number _____

I, _____, for myself and my minor child, hereby release, discharge, and hold harmless Coastal Day School and it's officers, directors, employees, representatives, volunteers, and owners, for, from, and against any and all liability and responsibility whatsoever, for any and all damages, claims, or causes of action that my minor child and I may have for any loss, personal injury, or death. In signing this agreement, I acknowledge and represent that I have read and understand this agreement; that I am at least eighteen (18) years of age and fully competent; and that I am the legal guardian of this minor participant. I have also read and fully understand the Coastal Day School Parent Handbook. I agree to all terms and conditions listed in the parent handbook and agree to abide by all the rules set by Coastal Day School.

Parent/Guardian Signature _____ Date _____

Personal 4-digit entry code _____

2020 Summer Camp Tuition/Fees Contract

Camper's Name _____

Tuition for our summer camp program is \$76.00/week for two days (Tuesdays and Thursdays), \$114.00/week for three days (Mondays, Wednesdays, and Fridays), and \$160.00/week for five days.

Daily rate of \$37 per day applies for June 4-5, July 13-17, and August 17-19 only. **You are responsible for payment for each week you register for regardless of attendance. Tuition will not be refunded, prorated, or forgiven, and cannot be transferred to another child or week. You are paying for the days you reserve, not the days your child attends. There will be no exceptions made.** There is a \$5 per child, per week registration fee. This is also non-refundable and non-transferable. All field trips and activities are included in the weekly tuition.

***Initial next to each week you would like to register your child for and circle how many days you want each week. Once this form has been turned in, you are responsible for payment for every week you initial regardless of attendance and you will not be able to cancel or switch weeks.**

_____ June 4-5, 2020	Th	F	_____ July 13-17, 2020	M	T	W	Th	F
_____ June 8-12, 2020	2	3	_____ July 20-24, 2020	2	3	5		
_____ June 15-19, 2020	2	3	_____ July 27-31, 2020	2	3	5		
_____ June 22-26, 2020	2	3	_____ Aug 3-7, 2020	2	3	5		
_____ June 29-July 3, 2020	2	3	_____ Aug 10-14, 2020	2	3	5		
July 6-10, 2020 Camp is closed			_____ Aug 17-19, 2020	M	T	W		

Tuition is due every Monday for the current week. If tuition is not paid on Monday, we will run your card provided below on Tuesday morning. We cannot accept any form without the section below completed unless you are paying in full for every week registered at the time of enrollment. The card below will not be charged if you make a payment via cash, check, or card on Monday of the current week. By signing this form, you give Coastal Day School permission to run the card provided below on Tuesday for each week that payment is not received on Monday and understand that the card will be run for each week you initialed above regardless of your child's attendance. Coastal Day School does not offer refunds for a child that cannot attend because of illness, vacation, changes in plans, or suspension because of behavior.

Cardholder's Name _____

Card Number _____

Exp. Date _____ / _____ 3-Digit Security Code: _____

Authorized Signature _____ Date _____



Illness Policy

In order to provide a safe and clean environment for all children at CDS parents **MUST NOT** bring their child if they are exhibiting any symptoms listed below:

- A temperature of 100 degrees or higher
- Red, watery eyes (pink eye)
- Undiagnosed rash
- Excessive runny nose/ sneezing
- Excessive cough
- Sore Throat
- Nausea/ Vomiting
- Diarrhea

All children **MUST** be up to date on their immunizations.
We do not administer medication of any kind.

Your child should not have experienced any of these symptoms for at least 24 hours, without the help of Tylenol or Ibuprofen, before coming to CDS. If your child has been diagnosed with the flu, they must be kept home for one full week before returning to school. For example, if your child's fever breaks at 11:00 am Monday, they cannot return to school on Tuesday because it has not been a full 24 hours. We will contact parents immediately if a child exhibits any of the above symptoms while at CDS.

Childs Name _____

Parents Signature _____ Date _____

Child's Name _____

Permission to Photograph

We will be making many memories this year and we like to catch as many as possible on camera. We would love to be able to post some of the photos on our camp Facebook page to show you all the fun our campers are having!!

_____ I give Coastal Day School permission to post my child's picture on the summer camp Facebook page.

_____ I do not give Coastal Day School permission to post my child's picture on the summer camp Facebook page.

Parent's Signature _____ Date _____

Permission to Transport

I give permission for the child named above to be transported in a motor vehicle driven by an employee of Coastal Day School to and from field trips each day of the 2020 Summer Camp Program. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver. All campers age eight years and under will be required to sit in a CDS provided booster seat.

I have read, understand, and discussed with my child that:

- They are required to wear a safety-belt at all times
- They are expected to respect each other, the vehicle they are riding in, and the driver
- They are to remain in their seats and not be disruptive to the driver

*All students are required to buckle their own seatbelt.

Parent's Printed Name _____

Parent's Signature _____ Date _____



Known Allergies and Medical Conditions

Child's Name _____

Date of Birth _____

My child has no known allergies or medical conditions.

My child has the following allergies and/or medical conditions:

Allergy	Reaction	Treatment

Medical Conditions/Limitations and Special Instructions _____

Parent's Signature _____ Date _____