

Educational Programs, Inc. dba

# Dove Day School

908 West Arrow Highway

San Dimas, CA 91773

## Summer Camp Reservation Agreement '19

In consideration of the acceptance of the \*nonrefundable Registration Fee of \$75. and this agreement by below signed representative of Dove Day School; the undersigned agrees to pay required fees as indicated on this and the reverse of this page. This registration fee and this agreement are for the summer of 2019. To insure a stable, well-managed environment for your child, Dove Day School has adopted this enrollment contract.

### All Day Schedules available 6:00 am to 6:30pm, program begins at 8:30

- + **Monday – Friday** \$168 per week, \$151 for siblings
- + **Part-time choose your days: Mon~Tues~Wed~Thu~Fri**
  - o 4 days \$151 per week, \$136 for siblings
  - o 3 days \$136 per week, \$123 for siblings
  - o 2 days \$123 per week, \$111 for siblings
- + Weekly fees are due before the week begins.
- + Sibling rate only available on accounts in good standing
- + Lunch is an extra \$5 per day billed or \$20 per week prepaid
- + There is a \$5 per day courtesy charge for accepting a camper without fees paid.
- + Failure to pay fees will result in a summer camper being turned away.

**This program is licensed by the State of California** through the authority of Community Care Licensing. Authorized persons from the licensing agency are permitted to interact with enrolled children and have access to the client files within their responsibility to insure the well being of children in child care. By signing this agreement you are acknowledging this authority and our responsibilities to state regulations.

### PERMISSION FOR RECREATIONAL SWIMMING

I give my permission for my child/ward to participate in recreational swim offered on the Dove Day School campus, supervised by the summer camp staff and a certified life guard employed by the swim school contractor, FIT FINS at my own risk. I assume all liability for my child's wellbeing and behavior while under the care of Educational Programs, Inc. and FIT FINS. I insure my authority to grant permission to swim and that any other parties required to authorize such have signed this permission document.

I understand that once this permission is given written notice, signed "received" by an authorized representative of Educational Programs, Inc. will be necessary to withdraw it. Until such notice is given and I, the undersigned, have proof of receipt, this permission remains in effect.

\_\_\_\_\_  
signature of authorized guardian date \_\_\_\_\_

\_\_\_\_\_  
signature of authorized guardian date \_\_\_\_\_

Below are listed the weeks my/our child will be attend  
 \_\_\_June 10-14 \_\_\_June 17-21 \_\_\_June 24-28 \_\_\_July 1-5  
 \_\_\_July 8-12 \_\_\_July 15-19 \_\_\_July 22-26 \_\_\_ July 29 –August 2  
 \_\_\_August 5-9 \_\_\_August 12-16 \_\_\_August 19-23 child care only

For office use only:	
<input type="checkbox"/>	Entered into procare
<input type="checkbox"/>	Message Center
<input type="checkbox"/>	Biometric entered
<input type="checkbox"/>	Emergency Auth.
<input type="checkbox"/>	Permission to treat
<input type="checkbox"/>	Parent report
<input type="checkbox"/>	Rights forms
<input type="checkbox"/>	Remind app
<input type="checkbox"/>	Key code

All of our programs include snacks from 8-8:30, 3:30 and 5:00. Field Trips and lunches are extra, billed at the end of the week to be paid before attendance the following week.

**Enrollment may be immediately revoked by the administration if;**

- A student’s behavior is consistently beneath standards established for maintaining a good atmosphere for learning.
- The administration finds we are unable to meet the needs of the family.
- The family fails to meet their financial obligation.

Best way to spend more money:

- Visa and Mastercard are accepted with a 3% charge, ACH payments from bank accounts are free, \$2 per cash or checks in office.
- Late fees are \$10 per week charged on Wednesday.
- You will be accessing your account information with Tuition Express and emailed a monthly statement. Any print outs can be requested at \$5 per.

**Child** \_\_\_\_\_  
 (last name) (first name) (date of birth)

grade in August

**Address:** \_\_\_\_\_  
 (Street, City and Zip) (Home phone)



**Sponsor Names:** \_\_\_\_\_  
 (primary sponsor) (relationship)  
 \_\_\_\_\_  
 (secondary sponsor) (relationship)

**BEST CONTACT CELL PHONE #** \_\_\_\_\_ (to be used for texting in an emergency)

**Contact:** \_\_\_\_\_  
 (Primary Daytime number) (Primary’s Cell number) (Primary email)  
 \_\_\_\_\_  
 (Secondary Daytime number) (Secondary Cell number) (Secondary email)

I/we wish to enroll my child/ward in Dove Day School’s summer camp. I/we understand weekly fees and field trip charges must be paid prior to my/our child’s attendance or participation. Dove Day School has an active program, I/we recognize that injuries are a normal outcome of an active childhood and register my/our child at my/our own risk. I/we further agree to assume full responsibility for tuition and all fees related to this child’s enrollment for summer of 2019.

Primary Sponsor Signature and date, \_\_\_\_\_

Secondary Sponsor Signature and date, \_\_\_\_\_

Representative of the the school \_\_\_\_\_