



themba  
CREATIVE LEARNING CENTER LLC



REGISTRATION PACKET

**2023 Pre-Kindergarten Summer Camp Enrollment Application** This program is **Only** for families that are economically disadvantaged or homeless.

Application Date \_\_\_\_\_

Parent Name: \_\_\_\_\_ Mom | Dad | Other (circle one)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Household size \_\_\_\_\_ (# of people in the house ) | Household Income \$ \_\_\_\_\_

Email Phone

For Mom: \_\_\_\_\_ For

Dad: \_\_\_\_\_

Child's Name: \_\_\_\_\_ girl  boy

DOB: \_\_\_\_\_ Age \_\_\_\_\_

Does your child have an IEP or any Special Needs? Yes  No

**NEW PARENTS ONLY**

Supporting documents to include (checkmark to indicate included):

- **Birth Certificate**
- **Copy of a Valid Driver's License/ID** (you are providing a color copy of the license. Themba cannot make copies)
- **Proof of Maryland residency (a current utility bill)**
- **Proof of Income: Review carefully all documents submitted.**(any one of two below will suffice)
  - **2022 Tax Returns** (for all eligible members of the household. Only the first pages showing dependents and annual household income)
  - **TCA/Cash Assistance**

Should you like to share any other thoughts about your childcare needs, please do so below.

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**Thank you for completing this Enrollment Application. This is the first step of the enrollment process. After receiving this application, our Enrollment Coordinators will review your application along with your supported documentation, if you meet all conditions of enrollment, you will be notified to complete an enrollment package. NOTE: Completing this application is NOT an indication of acceptance into the program.**

# Themba CLC Summer 2023 Camp Registration

## **Child (or Children) Information**

### **Child 1:**

Name: \_\_\_\_\_ (Full Name)

Date of Birth: \_\_\_\_\_

Age as of September 1, 2022: \_\_\_\_\_

### **Child 2:**

Name: \_\_\_\_\_ (Full Name)

Date of Birth: \_\_\_\_\_

Age as of September 1, 2022: \_\_\_\_\_

### **Child 1:**

Name: \_\_\_\_\_ (Full Name)

Date of Birth: \_\_\_\_\_

Age as of September 1, 2022: \_\_\_\_\_

## **Parent/Guardian Information:**

### **Mother**

Name: \_\_\_\_\_ (Full Name)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

### **Father**

Name: \_\_\_\_\_ (Full Name)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

# Summer Camp Supply List

Please Label ALL Materials and unpackage all materials

- Water bottle (**Must Bring Filled Daily**)
- 2 boxes of Ziploc bags (Gallon, Quart, or sandwich)
- 2 Clorox Wipes
- 2 bottles of Lysol Spray
- 2 sheets/blankets
- 3 changes of clothes (Weather Appropriate)
- 3 Masks (optional)
- Family Picture (New families only)
- 1 Folder
- Pencil Box- 2 pencils, 10/12 pack of crayons, 8/12 pack of markers, 2 glue sticks (all materials must fit in pencil box)
- Playdoh - 2 containers

**Themba CLC Summer Program**  
**General Information Agreement**  
**Hours 8:00am-2:30pm**

I understand and agree to arrive with my child by 10 am or notify the center's Director by 9 am if my child will be late or absent. Children will not be admitted after **10 am** without a doctor's note. This program is only for parents that qualify financially. The rate is discounted to **\$150.00** per week for all-day wraparound care until 5:00pm. If payment is returned, there is a \$35.00 fee and a fee of \$10 per day if tuition isn't paid by noon. Tuition is due if your child is out for illness or vacation. If you want to dis-enroll, you must give us a two-week notice in writing. This program is for 3-4 yr olds. The child must be 3 yrs old by September 1, 2022, and fully potty trained.

**Summer Camp Fee and Hours:**

Summer Camp Hours are from 8 am-2:30 pm Monday-Friday  
Breakfast and Snack (all summer long).

Please bring lunch daily packed inside a lunch box labeled with your child's name.

No food can be microwaved at the Center - Use a thermos to keep food hot. Ice packs are to keep food cold- we do not refrigerate food. All food must be healthy and free of peanut products.

No cakes, cookies, sugary beverages, or snacks.

**Late Pick-Up Fee**

I also agree to pick up my child before the program ends by (2:30 pm) If I am late picking up, I agree to pay \$15.00 per the first one to five minutes I am late & \$1 per each additional minute thereafter, per child for each minute I'm late picking up my child or children. Payment is due to the office at pick-up. \_\_\_\_\_(initial)

**Withdrawals and Dismissals**

I understand that the Director reserves the right to dismiss, without refund, any child that does not comply with the guidance policy and behavior standards of Themba CLC. I understand that the Director can dismiss a child any time the Director determines that the dismissal is in the best interest of a child and/or Themba CLC. \_\_\_\_\_(initial)

**What to Bring?**

Please label all items your child brings to camp. This includes swimsuits, towels, hats, etc. Children are not allowed to bring toys, games (including electronic games), cell phones, and iPods/iPad to camp. Themba is not responsible for lost, broken, or stolen items. Each child must bring a filled reusable water bottle and lunch daily. \_\_\_\_\_(initial)

**What to Wear?**

All children must wear sneakers (no tie) (no sandals) to camp. Students must wear swim shoes during water play days. (two-piece swimsuits are prohibited). \_\_\_\_\_(initial)

I understand that Themba CLC is not liable for any personal items my child brings to the program (It is advised to leave personal and favorite items at home).

Girls may not wear **Hair Beads** \_\_\_\_\_ (initial)

### **Health**

I agree to complete the health record and medical release forms before my child starts. Parents must apply any sunscreen at home before bringing their child to school.

\_\_\_\_\_ (initial)

### **Photo and Media Release**

I grant permission for my child to appear in person or in voice, video, or photographic presentation for non-commercial radio, television, internet, or print media reports and/or media campaign(s) resulting from participation in this program and its activities. These photographs, videos, may be used for illustrations, publications, and websites only. We will not release the identity or identify any child by name. Yes\_\_\_ No \_\_\_\_\_ (initial)

I agree that my child must:

**Dress casually**

**Wear tennis shoes at all times**

**Bring a reusable water bottle daily**

**Bring in school supplies**

**Bring in a healthy lunch**

I understand that by signing this agreement

I \_\_\_\_\_, will register my child for Summer Camp Themba CLC, I therefore agree to all terms as stated in this document and acknowledge receipt of this signed agreement.

**Tuition** is paid every Friday by using our electronic system through Tuition Express- You may apply for a scholarship to cover the cost. Visit [www.thembalc.com/camps.html](http://www.thembalc.com/camps.html) for a scholarship link. We have limited space so, please complete the required documents as soon as possible. Once the classroom is full, you will go on the waitlist.

**Vouchers** are accepted in place of a 150\$ fee for full day care, please visit [https://family.childcareportals.org/s/?language=en\\_US](https://family.childcareportals.org/s/?language=en_US) to register and submit your application for a childcare voucher.

### **Fraternizing Policy**

Staff is not allowed to create personal relationships with parents outside of Themba's business hours. If a staff member does decide to fraternize with any parent that is currently enrolled at Themba, that staff member, and the parent will be terminated immediately. \_\_\_\_ (Initial)

## **Parking**

Please do not park or stand in the fire lane or around the circle. All cars must be parked in a parking space in order to allow buses and parents to exit the parking lot without being held up. \_\_\_\_\_ (Initial)

## **No Admittance after 10:00am/Shots**

Children will not be admitted after 10:00 am without a doctor's note. If a child was administered shots during the doctor's visit, the child may not return to school due to complications from the shots and fever symptoms associated with the medicine that often makes the child irritable. \_\_\_\_\_ (Initial)

## **Liability Release**

THEMBA CLC maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against THEMBA CLC or any successor corporation, or against any officer, shareholder, employee, or agent of THEMBA CLC, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by THEMBA CLC, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless THEMBA CLC, any successor corporation, and any of the officers, shareholders, or directors of THEMBA CLC, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against THEMBA CLC, any successor corporation, its officers, employees, shareholders, or agents of THEMBA CLC, for the actual or alleged acts or omissions of you or your child/children.

CAFCP Enrollment: Yes: \_\_\_ No: \_\_\_

Meals your child will receive while in care:

BK \_\_\_ LN \_\_\_ SU \_\_\_ AM Snk \_\_\_ PM Snk \_\_\_ Evng Snk \_\_\_

**EMERGENCY FORM**

**INSTRUCTIONS TO PARENTS:**

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Last First

Enrollment Date \_\_\_\_\_ Hours & Days of Expected Attendance \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
 Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

Name of Person Authorized to Pick up Child (daily) \_\_\_\_\_  
 Last First Relationship to Child

Address \_\_\_\_\_  
 Street/Apt. # City State Zip Code

Any Changes/Additional Information \_\_\_\_\_

**ANNUAL UPDATES**

\_\_\_\_\_  
 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Last First

Address \_\_\_\_\_  
 Street/Apt. # City State Zip Code

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Last First

Address \_\_\_\_\_  
 Street/Apt. # City State Zip Code

3. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Last First

Address \_\_\_\_\_  
 Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
 Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**INSTRUCTIONS TO PARENT/GUARDIAN:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: \_\_\_\_\_

(2) If signs/symptoms appear, do this: \_\_\_\_\_

(3) To prevent incidents: \_\_\_\_\_

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OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

\_\_\_\_\_  
Name of Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Practitioner

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number



# Automated Payment processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

## AUTHORIZATION FOR **BANK ACCOUNT** ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize Themba Creative Learning Center to initiate debit entries to my (our) Checking or Savings once per \_\_\_ Week or \_\_\_ Month (check one option) in the amount of \$ \_\_\_\_\_ against the account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only...

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <b>Attach Voided Check Here</b> \$ _____		
<b>Deposit slips not accepted</b> _____ Dollars		
⑆123456789⑆	1800338⑆	0226
Routing Number	Account Number	Check Number

A service of





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## AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize Themba Creative Learning Center to initiate recurring credit card charges once per \_\_\_\_ Week or \_\_\_\_ Month (check one option) in the amount of \$ \_\_\_\_\_ to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

**Please contact Center Representative for a list of Credit Cards Accepted as Payment.**

_____			
Cardholder Name	Phone #		
_____			
Cardholder Address	City	State	Zip
_____			
Credit Card Number	Expiration Date		
_____			
Signature	Today's Date		

*For Official Use Only...*

\_\_\_\_\_  
*Date Received*

\_\_\_\_\_  
*Employee Signature*

**A service of**



- - - - - < Cut Here > - - - - -

_____		_____
FULL Credit Card Number	Expiration Date	Security Code (3 digits)

For Security, please... Today's Date \_\_\_\_\_

return this Section of the Authorization Form.

Shred this Section of the Authorization Form.