



themba

CREATIVE LEARNING CENTER LLC



REGISTRATION PACKET



Let's Go!

Summer 2020
6/22 - 8/28

FIELD TRIPS

Goddard Space Flight Center
Bladensburg Waterpark
Swimming – Greenbelt Aquatic
& Fitness
Movies
Many more trips are planned



Sign Up!


Contact us:
301-552-KIDS (5437)

Online:
www.thembacdc.com

IN-HOUSE ACTIVITIES

Zumba
Little Chefs in training
Mad Science
Pottery Class
Martial Arts
Much more...

**The Fun Starts
June 22nd**



Themba CLC Summer 2020 Camp Registration

Child (or Children) Information

Child 1:

Name: _____ (Full Name)

Date of Birth: _____

Age as of June 2020: _____

Child 2 *(May or may not be applicable)*

Name: _____ (Full Name)

Date of Birth: _____

Age as of June 2020: _____

Child 3 *(May or may not be applicable)*

Name: _____ (Full Name)

Date of Birth: _____

Age as of June 2020: _____

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: _____

Child/Children Information:

1st Child: _____
Name Age

2nd Child (if applicable): _____
Name Age

3rd Child (if applicable): _____
Name Age

Master Field Trip Permission

I, _____ (parent/guardian), give permission for my child (or children), whose name (or names) is/are listed below, to attend all field trips during the summer program at Themba Creative Learning Center.

Registered name(s):

In case of an emergency, please contact _____, who is the _____

You are informing Themba CLC of the following special instructions:

Summer Program Shirts for Children:

For child 1, _____ I would like to have a/an _____.
For child 2, _____ I would like to have a/an _____.
For child 3, _____ I would like to have a/an _____.

Should it be necessary for your child to have medical treatment while participating in this trip, I hereby give Themba Creative Learning, and its staff permission to use their judgment in obtaining medical services, and I give permission to the physician selected by Themba Creative Learning Center to render medical treatment deemed necessary and appropriate by the physician? I further understand Themba Creative Learning Center has no insurance covering such medical or hospital costs and, therefore, any cost incurred for such treatment shall be MY sole responsibility.

My child has the following special needs. I will send the appropriate medical and physical supports for my child for each field trip:

By my signature below and/or having checked the box on the website pertaining to this document, implies that I, have read, understood, and agreed to waive all claims against Themba Creative Learning Center, LLC and its staff for the injury, accident, illness or death occurring or by reasons of field trip authorized by this document, and that I have granted permission to the name or names of children written above to participate in all field trips.

Parent or Guardian: _____

Signature: _____ Date: _____

Themba CLC Summer Program General Information Agreement

Registration

I agree to pay a non-refundable registration fee of \$60 per child. I understand that my child or children is/are not officially registered for the summer camp until I have paid the registration fee and completed the entire registration package.

Agreed Upon Hours

For your convenience, we offers three options for arrival and pick up, please select one:

Option 1: 7:00 am - 5:00 pm _____(initial)

Option 2: 7:30 am - 5:30 pm _____(initial)

Option 3: 8:00 am - 6:00 pm _____(initial)

Note: ONLY ONE OPTION SHOULD BE SELECTED

I understand and agree to arrive with my child by 9am or notify the center's Director by 8 am if my child will be late or absent. Children will not be admitted after 10am without a doctor's note.

Summer Registration Fees:

Registration Fee (Non-Refundable) >>>> \$60.00

Weekly Summer Camp- \$245.00 per wk. includes most trips & All Activity Fees

Weekly fee includes Breakfast & Snack (all summer long).

Bring a bag lunch daily.

No food can be microwaved at the Center - Use thermos to keep food hot.

Early bird Special Rate- \$20.00 off- Registration Fee by April 15th

I also agree to pick up my child before the program ends by (5pm for option 1, 5:30 for option 2 and 6pm for option 3). 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 rights 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. If my child is dismissed, I agree to pay for the used time. _____(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 iPod/iPad to camp. Themba is not responsible for lost, broken or stolen items. Each child must bring a reusable water bottle, a composition notebook, a folder and pencils. _____(initial)

What to Wear

All children must wear sneakers (no sandals) to camp. Camp-T shirts are required for all field trips. Students must wear swim shoes during swim time and appropriate swimwear. (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).

Health

I agree to complete the health record and medical release for and card and provide a shot record before my child (or children can attend the summer program. The card provides parent parental authorization and signature for emergency medical treatment. Any skin cream must be put on prior to attending Themba.

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. _____(initial)

I agree that my child must:

Dress casually

Wear tennis shoes at all times

Wear camp issued T-shirts and their swimwear and bring a reusable water bottle, towel and backpack on the swim days.

Bring a Composition Notebook, Folder and pencils

I understand that by signing this agreement, I _____, will register my child for a session or sessions at Themba CLC, I therefore agree to all terms as stated in this document and acknowledge receipt of this signed agreement.

Date _____

Director's Approval _____