

We are SO excited to be preparing for another fun-filled summer here at Coastal Day School!! We are open eight (8) weeks, offering both a half-day and full-day program for rising kindergarteners through middle school! Our full-day program includes a fun outing each day for our campers!

Our half-day program is from 9am to 1pm daily. Campers need a lunch, snack, and multiple water bottles each day. Please apply sunscreen each morning before drop-off. Half-day campers stay at Coastal and do not participate in field trips. Our staff provide fun and interactive activities to keep them engaged all morning long!!

For campers in our full-day program, drop-off is between 7:30 and 8:30am. We ask that all campers arrive by 8:30am to ensure we can leave for our field trip on time. Our return time from the field trip will be listed on the field trip calendar and you are welcome to pick-up anytime after our return. All full-day campers must be picked up by 6pm. Campers need a lunch, snack, and multiple water bottles each day. Please apply sunscreen each morning before drop-off. We will reapply midmorning. We will gladly accept spray sunscreen donations throughout the summer...we go through a LOT!

To register your child for our summer camp program, we will need completed paperwork, along with the non-refundable, non-transferable registration fee. Spaces are first come, first serve.

Tuition is based on what you enroll for, not what days your child actually attends. Once paperwork is submitted, we cannot change or take away any weeks registered for, and you will be required to pay for them in full. We do not make any exceptions to this policy. We provide a quality program with low student/teacher ratios, along with activities daily. It is important that we receive payment for every space reserved to continue providing the fun program our campers have come to love! We feel badly when plans change and parents are still expected to pay, but please understand that this is required to keep our camp open and functioning. If multiple parents were to ask each week to make changes, it would severely affect our ability to continue to operate, as it is difficult to fill spaces last minute when parents have already made other arrangements for their children once our program is full. Again, we will not make any exceptions to this rule for any reason.



coastal day school	Child's Name	Last Name	First Name	
where learning is always fun!				
Street Address				
City		Zip Code		
Parent 1		Phone Number		
Parent 1 Email				
Parent 2		Phone Number		
Parent 2 Email				
CDS may release my child to	the following			
n case of an emergency con	tact (if you cannot	be reached)		
1 st Choice		Phone Number		
2 nd Choice				
harmless Coastal Day School and for, from, and against any and a causes of action that my mind agreement, I acknowledge and eighteen (18) years of age and	d it's officers, director all liability and respon or child and I may have represent that I have	s, employees, representat sibility whatsoever, for and e for any loss, personal injured read and understand this	ives, volunteers, and ow y and all damages, claims ury, or death. In signing t agreement; that I am at I	ners, s, or his least

Parent/Guardian Signature______ Date_____

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.

HALF-Day Summer Camp Tuition/Fees Contract

Camper's Name									
Tuition for our HALF-day summer days (Monday/Wednesday/Friday),									
<mark>responsible for payment for each v</mark>			_	_					
be refunded, prorated, or forgiven									
paying for the days you reserve,									
made. There is a \$5 per child, p		_						d no	n-
transferable. All field	_								
*Initial next to each week you would									
each week. Once this form has been				_			<u>y we</u>	<u>ek y</u>	<u>ou</u>
<u>initial regardless of attendance and y</u>	ou Will	not	be at	ole to canc	el or switch weeks	<u>8.</u>			
June 10-14, 2024	2	3	5		July 22-26,	2024	2	3	5
June 17-21, 2024	2	3	5		July 29-Aug	g 2, 24	2	3	5
June 24-28, 2024	2	3	5		Aug 5-9, 20	24	2	3	5
*Please note, we are closed Thursday week only.	y and Fr	riday	for	the follow	ing week. Tuition	is \$30	a day	for	this
July 1-3, 2024 (closed Ju	ıly 4 and	5)	Mo	nday 7/1	Tuesday 7/2	Wedi	nesda	ıy 7/	3
**All our summer	<mark>progra</mark>	ms :	are (closed Ju	ne 3-7 and July	<mark>8-19*</mark>	<mark>k</mark>		
Tuition is due every Monday for the current on Tuesday morning. We cannot accept are every week registered at the time of enrollm the current week. By signing this form, you for each week that payment is not received above regardless of your child's attendance. of illness, vacation, changes in plans, or sus	ny form v nent. The give Coa on Mond Coastal	without card stal I ay ar Day S	out the delocation of the delo	e section below will not be chool permi derstand that does not of	ow completed unless e charged if you mak ssion to run the card p the card will be run	you are a paymorovided for each	payinent of below week	ng in n Mo v on I you i	full for onday of Tuesday initialed
Cardholder's Name									
Card Number					Zip Cod	e:			
Exp. Date/			3-D	igit Secu	ırity Code:				
Authorized Signature					Date	.			

2024 FULL-Day Summer Camp Tuition/Fees Contract

Camper's l	Name								
days (Monday	r <mark>FULL-day</mark> summer cam /Wednesday/Friday), and or payment for each weel	\$20	0.00) for	five consecu	tive days (Monday-Fri	day)	. Y o	<mark>ou are</mark>
	prorated, or forgiven, ar								
	the days you reserve, not								
	ere is a \$10 per child, per								
	ransferable. All field trips		•	_				10 110	,11
	each week you would lik					•		s you	ı want
	nce this form has been turn								
<mark>initial regardle</mark> s	ss of attendance and you v	will_	not l	oe a	ole to cancel	or switch weeks.			
J	une 10-14, 2024	2	3	5		July 22-26, 2024	2	3	5
J-	une 17-21, 2024	2	3	5		July 29-Aug 2, 24	2	3	5
J	une 24-28, 2024	2	3	5		Aug 5-9, 2024	2	3	5
*Please note, w these weeks on	ve are closed Thursday an ly.	d Fı	riday	for	the following	g two weeks. Tuition is	\$50	a da	y for
J-	uly 1-3, 2024 (closed July 4	and	5)	Mo	onday 7/1	Γuesday 7/2 Wedı	nesda	ay 7/	3
	Aug 12-14, 2024 (closed Au	ıg 15	& 16	5)	Monday 8/12	Tuesday 8/13 Wedi	nesda	ay 8/	14
1	**All our summer pro	<mark>gra</mark>	ms a	<mark>are</mark>	<mark>closed June</mark>	3-7 and July 8-19**	<mark>k</mark>		
on Tuesday morn every week regist the current week. for each week that above regardless of	ery Monday for the current weing. We cannot accept any for ered at the time of enrollment. By signing this form, you give t payment is not received on Nor your child's attendance. Coan, changes in plans, or suspense	orm v The Coa Mond astal	witho e card astal I ay an Day S	ut the lost of the	e section below ow will not be of School permission derstand that the ol does not offer	completed unless you are harged if you make a paym on to run the card provided e card will be run for each	payinent of below week	ng in on Mo v on T you i	full for onday of Fuesday initialed
Cardholder'	s Name								
Card Numbe	er					Zip Code:			
Exp. Date	/			3-E	igit Securi	ty Code:			
Authorized 9	Signature					Date			

Permission to Transport

I give permission for my child to be transported in a motor vehicle driven by an employee of Coastal Day School to and from field trips each day of the 2024 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 t	heir own seatbelt.
Parent's Signature:	Date:
Доми	mission to Dhotograph
Perr	nission to Photograph
will be displaying your child's pictur	this summer and we like to catch as many as possible on camera. We re throughout our center. We do also have public social media pages like to display pictures on with your permission.
Child's Name	
Please initial one:	
	y School permission to post my child's photo on CDS's ounts on Facebook and Instagram and the CDS blog and website.
	estal Day School permission to post my child's photo on CDS's ounts on Facebook and Instagram and the CDS blog and website.
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	gallergies and/or medical conditio	ns:				
	Allergy	Reaction	Treatment				
Medical Conditions/Limitations and Special Instructions							
Parent'	's 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
- Covid-19 or Flu Symptoms (students that test positive may return after five days assuming they have been symptom free for 24 hours without medication)

Children cannot return to school until 24 hours after symptoms have subsided without the aid of medication. For example, if a child's fever breaks at noon on Monday, they will not be permitted to attend camp Tuesday morning. If a child is sent home sick from camp, they will not be permitted to attend the next day.

We work very to keep germs from spreading by sanitizing toys and equipment and washing hands. Please help us by keeping your child home when they are sick. If germs spread to our teachers, it could cause us to need to close if we do not have enough staff to operate.

By signing below, I am confirming that I have read Coastal Day School's Illness Policy for the 2024 Summer Camp and understand the policy in its entirety. I understand that sending my child to camp at CDS does come with the risk of contracting sicknesses and agree to keep them home until they have been symptom free for 24 hours. I understand I will be responsible for paying tuition regardless of attendance due to sickness.

Parent's Signature	Date
Parent's Printed Name	
Child's Name	