



Child's Name \_\_\_\_\_  
Last Name First Name MI

Birthday \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

CDS may release my child to the following \_\_\_\_\_

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

1<sup>st</sup> Choice \_\_\_\_\_ Phone Number \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, for myself and my minor child, hereby release, discharge, and hold harmless Coastal Day School and its 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 \_\_\_\_\_



## 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 \_\_\_\_\_

# Permission to Transport

I give permission for my child \_\_\_\_\_ to be transported in a motor vehicle driven by an employee of Coastal Day School for daily field trips. 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.

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

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with;
- (3) They are to remain in their seats and not be disruptive to the driver of the vehicle.

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Permission to Photograph

Please initial all that apply:

\_\_\_\_\_ I give Coastal Day School permission to display my child's photo throughout the center in frames, and on the TV in the lobby.

\_\_\_\_\_ I give Coastal Day School permission to use my child's photo in advertising such as the North Brunswick magazine and other publications.

\_\_\_\_\_ I give Coastal Day School permission to use my child's photo on the center's website, blog, and Facebook page.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Coastal Day School Summer Camp 2016 Tuition/Fees Contract

- Two Day Program (Tuesdays and Thursdays) \$70.00/week
- Three Day Program (Monday, Wednesday, and Friday) \$100.00/week
- Five Day Program \$140.00/week
- Camp Fee (Due at registration-**non-refundable**) \$30.00

Please initial each week your child will be attending. **You are responsible for payment for each week regardless of attendance. Tuition non-refundable and non-transferable.** Tuition is due every Monday for the current week.

\_\_\_ June 6-11      \_\_\_ June 13-17  
\_\_\_ June 20-24      \_\_\_ June 27-July 1      **\*We are closed July 4-8, 2016**  
\_\_\_ July 11-15      \_\_\_ July 18-22  
\_\_\_ July 25-29      \_\_\_ August 1-5  
\_\_\_ August 8-12      \_\_\_ August 15-19

The prompt payment of tuition is essential to the proper functioning of our camp. **By signing this contract you are agreeing to pay the tuition for the weeks initialed above and that no portion of the tuition will be forgiven or refunded on account of absences. You can not switch or cancel weeks once you turn in this form.** Payments may be made by cash, personal check, or debit/credit cards. A \$20.00 fee will be assessed for any returned checks.

## Credit/Debit Card Authorization

Below is a credit/debit card authorization form that is required to be completed. If your child's tuition is not paid Monday, your card will be ran on Tuesday for the current week. I hereby give Coastal Day School permission to charge my credit/debit card indicated below for each week initialed above on Tuesday for the current week. I understand I will be charged for each week marked regardless of my child's attendance. I also understand Coastal Day School will not issue refunds or discounts for any reason.

Circle on:    Visa    MasterCard    Exp. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    CVS: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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