



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

Age Group:  
\_\_\_\_\_ 5-7 years  
\_\_\_\_\_ 8+ years

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 it's 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 \_\_\_\_\_



## **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

All children **MUST** be up to date on their immunizations.  
We do not administer medication of any kind.

**Your child should not have experienced any of these symptoms for at least 24 hours before coming to CDS.** We will contact parents immediately if a child exhibits any of the above symptoms while at CDS.

Please turn in this form signed along with your child's shot record.

Childs Name \_\_\_\_\_

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

# 2018 Summer Camp Tuition/Fees Contract

Camper's Name \_\_\_\_\_

Tuition for our summer camp program is \$76.00/week for two days (Tuesdays and Thursdays), \$114.00/week for three days (Mondays, Wednesdays, and Fridays), and \$160.00/week for five days. **You are responsible for payment for each week you register for regardless of attendance. Tuition will not be refunded, prorated, or forgiven, and cannot be transferred to another child or week. You are paying for the days you reserve, not the days your child attends. There will be no exceptions made.** There is a \$35.00 camp fee due at registration for every child that wishes to enroll. This is also non-refundable and non-transferable. All field trips and activities are included in the weekly tuition.

**\*Initial next to each week you would like to register your child for and circle how many days you want each week. Once this form has been turned in, you are responsible for payment for every week you initial regardless of attendance and you will not be able to cancel or switch weeks.**

|                         |       |                                      |       |
|-------------------------|-------|--------------------------------------|-------|
| _____ June 11-15, 2018  | 2 3 5 | _____ June 18-22, 2018               | 2 3 5 |
| _____ June 25-29, 2018  | 2 3 5 | <b>July 2-6, 2018-Camp is closed</b> |       |
| _____ July 9-13, 2018   | 2 3 5 | _____ July 16-20, 2018               | 2 3 5 |
| _____ July 23-27, 2018  | 2 3 5 | _____ July 30- August 3, 2018        | 2 3 5 |
| _____ August 6-10, 2018 | 2 3 5 | _____ August 13-17, 2018             | 2 3 5 |

Tuition is due every Monday for the current week. If tuition is not paid on Monday, we will run your card provided below on Tuesday morning. We cannot accept any form without the section below completed unless you are paying in full for every week registered at the time of enrollment. The card below will not be charged if you make a payment via cash, check, or card on Monday of the current week. By signing this form, you give Coastal Day School permission to run the card provided below on Tuesday for each week that payment is not received on Monday and understand that the card will be ran for each week you initialed above regardless of your child's attendance. Coastal Day School does not offer refunds for a child that cannot attend because illness, vacation, changes in plans, or suspension because of behavior.

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

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

Exp. Date \_\_\_\_/\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

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

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

## Permission to Photograph

We will be making many memories this summer and we like to catch as many as possible on camera. We would love to be able to post some of the photos on our camp Facebook page to show you all the fun our campers are having!!

\_\_\_\_\_ I give Coastal Day School permission to post my child's picture on the summer camp Facebook page.

\_\_\_\_\_ I do not give Coastal Day School permission to post my child's picture on the summer camp Facebook page.

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

## Permission to Transport

I give permission for the child named above to be transported in a motor vehicle driven by an employee of Coastal Day School to and from field trips each day of the 2018 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 their own seatbelt.

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

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 allergies and/or medical conditions:

| Allergy | Reaction | Treatment |
|---------|----------|-----------|
|         |          |           |
|         |          |           |
|         |          |           |

Medical Conditions/Limitations and Special Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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