

Educational Programs, Inc. dba

Dove Day School

908 West Arrow Highway

San Dimas, CA 91773

Summer Camp Reservation Agreement '17

In consideration of the acceptance of the *nonrefundable Registration Fee of \$50. and this agreement by below signed representative of Dove Day School; the undersigned agrees to pay required fees as indicated on this and the reverse of this page. This registration fee and this agreement are for the summer of 2017. To insure a stable, well-managed environment for your child, Dove Day School has adopted this enrollment contract.

Programs and Fees:

□ \$157 per week

- Weekly fees are due before the week begins.
- Lunch is an extra \$5 per day billed or \$20 per week prepaid
- There is a \$5 per day courtesy charge for accepting a camper without fees paid.
- Failure to pay fees will result in a summer camper being turned away.
- This is the most economical choice for a camper coming every day.
- Sibling discount of 10% applies to weekly charges only.
- Don't be afraid to estimate, you will only be charged for attendance.

□ \$39 per day

- Paid in advance of attendance.
- Lunch is an extra \$5 per day \$20 per week prepaid
- The days can be used at anytime.
- Not eligible for sibling discount.
- This is the most economical and flexible choice for families with complex schedules.
- Don't be afraid to estimate, you are only charged for attendance.

□ \$42 per day will be charged if not paid in advance.

- Settle up on Friday at the latest,
- No one will be accepted on Monday with fees due.
- Please be sure fees are paid to avoid embarrassing our summer campers.

PERMISSION FOR RECREATIONAL SWIMMING

I give my permission for my child/ward to participate in recreational swim offered on the Dove Day School/Serendipity campus, supervised by the summer camp staff and a certified life guard employed by the swim school contractor, ABC Aquatics at my own risk. I assume all liability for my child's wellbeing and behavior while under the care of Educational Programs, Inc. and ABC Aquatics. I insure my authority to grant permission to swim and that any other parties required to authorize such have signed this permission document.

I understand that once this permission is given written notice, signed "received" by an authorized representative of Educational Programs, Inc. will be necessary to withdraw it. Until such notice is given and I, the undersigned, have proof of receipt, this permission remains in effect.

signature of authorized guardian

date _____

signature of authorized guardian

date _____

Below are listed the weeks my/our child will be attend

___June 12-16 ___June 19-23 ___June 26-30 ___July 3-7
___July 10-14 ___July 17-21 ___July 24-28 ___July 31-August 4
___August 7-11 ___August 14-18 ___August 21-25 child care only

All of our programs include breakfast from 7:30-8:15 and snack at 3:30. Field Trips and lunches are extra, billed at the end of the week to be paid before attendance the following week.

Enrollment may be suspended or revoked by the administration after careful consideration if;

- A student's behavior and conduct are consistently beneath standards established for maintaining a good atmosphere for learning.
- The administration finds that Dove Day School is unable to meet the needs of the child or the family.

Best way to spend more money:

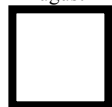
- Visa and Mastercard are accepted with a 3% charge
- Late fees are \$10 per week
- Bring a water bottle everyday or buy one for \$1
- You will get one invoice per month, extras are \$5
- Camp fees are paid in advance but only attendance is charged.
If you wait to be billed, each day will cost \$40.

For office use only:	
<input type="checkbox"/>	Entered in PA
<input type="checkbox"/>	Message Center
<input type="checkbox"/>	Sign in and out Excel
<input type="checkbox"/>	Emergency Auth.
<input type="checkbox"/>	Permission to treat
<input type="checkbox"/>	Email entered
<input type="checkbox"/>	Mobile #'s

Child _____
(last name) (first name) (date of birth)

grade in August

Address: _____
(Street, City and Zip) (Home phone)



Sponsor Names: _____
(primary sponsor) (relationship)

(secondary sponsor) (relationship)

BEST CONTACT CELL PHONE # _____ (to be used for texting in an emergency)

Contact: _____
(Primary Daytime number) (Primary's Cell number) (Primary email)

(Secondary Daytime number) (Secondary Cell number) (Secondary email)

I/we wish to enroll my child/ward in Dove Day School's summer camp. I/we understand weekly fees and field trip charges must be paid prior to my/our child's attendance or participation. Dove Day School has an active program, I/we recognize that injuries are a normal outcome of an active childhood and register my/our child at my/our own risk. I/we further agree to assume full responsibility for tuition and all fees related to this child's enrollment for summer of 2017.

Primary Sponsor Signature and date, _____

Secondary Sponsor Signature and date, _____

Representative of the the school _____