

**St. Paul's Episcopal School**  
Preschool and Kindergarten, Bailey's Crossroads  
703-820-1134

## SUMMER CAMP/CHILD CARE AGREEMENT

**JULY 5 – AUGUST 26, 2016**

**AGES: 2½ - 5**

Welcome to St. Paul's Episcopal School – Summer Camp Program. The purpose of this agreement is to define the mutual terms for summer camp/child care arrangements.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

### Hours and Weeks of Attendance *(please select the weeks below)*

My child will attend summer camp for the following weeks: \_\_\_\_\_ July 5-8; \_\_\_\_\_ July 11-15; \_\_\_\_\_ July 18-22;  
\_\_\_\_\_ July 25-29 \_\_\_\_\_ August 1-5; \_\_\_\_\_ August 8-12; \_\_\_\_\_ August 15-19; \_\_\_\_\_ August 22-26;

#### 8 Weeks

My child will attend the **5-day** program (M-F) \_\_\_\_\_ or the **3-day** program (M, W, and F) \_\_\_\_\_.

The hours of care will be from: \_\_\_\_\_ AM. To \_\_\_\_\_ PM. *(Please select program hours below)*



5-Days	Hours	Monthly
Monday - Friday	7:00am – 6:00pm	\$1100.00 <input type="checkbox"/>
<u>Monthly Fee</u>	8:45am – 6:00pm	\$1025.00 <input type="checkbox"/>
	8:45am – 3:00 pm	\$720.00 <input type="checkbox"/>



3-Days	Hours	Monthly
Mon, Wed, Fri	7:00am – 6:00pm	\$680.00 <input type="checkbox"/>
<u>Monthly Fee</u>	8:45am – 6:00pm	\$605.00 <input type="checkbox"/>
	8:45am – 3:00pm	\$450.00 <input type="checkbox"/>

5-Days	Hours	Weekly Fee
Monday –Friday	7:00am -6:00pm	\$325.00 <input type="checkbox"/>
<u>Weekly Fee</u>	8:45am-6:00pm	\$315.00 <input type="checkbox"/>
	8:45am-3:00pm	\$250.00 <input type="checkbox"/>

3-Days	Hours	Weekly Fee
Mon, Wed, Fri	7:00am-6:00pm	\$220.00 <input type="checkbox"/>
<u>Weekly Fee</u>	8:45am 6:00pm	\$185.00 <input type="checkbox"/>
	8:45am-3:00pm	\$150.00 <input type="checkbox"/>

### Additional Fees:

Camp Registration Fee: **\$25.00** p/child currently Enrolled ☐ **\$40.00** p/child New Student ☐ (Non Refundable)  
Lunch upon Request **\$16.50** per/week for each child  
Late Payment Fee: **\$30.00** (Tuition is due by the 5<sup>th</sup> of the month) (Tuition due on Monday for weekly)  
Return Check Fee: **\$35.00**  
Late Pick up Fee: **\$1.00** p/minute  
Emergency Drop-in Care: **\$60.00** p/day [8:45am – 3:00pm]; **\$80.00** p/day [7:00am – 6:00pm], if space is available.  
*Must be approved by the director.*



**Activity/Field Trip Fees**

To Be Announced

The parent/guardian agrees to provide tuition payment in full whether the child's absence was the result of illness or vacation. All tuition is due by the 5<sup>th</sup> day of the month. Tuition paid after the 5<sup>th</sup> day of the month will be charged a late payment fee of \$30.00.

The parent/guardian gives authorization for the child to participate in field trips. **Yes \_\_\_\_\_ No \_\_\_\_\_**. Special activities and fieldtrips are announced in advance.

St. Paul's Preschool/Summer Camp agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child as soon thereafter as requested by the school.

The parent/guardian agrees to notify the preschool if the child is ill and will not attend school.

The parent/guardian authorizes St. Paul's Preschool/Summer Camp to obtain immediate medical care should any emergency occur, and the preschool cannot locate the parent/guardian immediately. **Yes \_\_\_\_\_ No \_\_\_\_\_**

The parent/guardian agrees to provide a written notice for withdrawal two weeks in advance. In the event of early withdrawal of a student, the balance of this contract is due and payable upon withdrawal.

The preschool reserves the right to dismiss or suspend any student from the preschool whose conduct is deemed detrimental to the good order or reputation of St. Paul's School or at the sole discretion of the Director.

Should it become necessary for St. Paul's Episcopal School/Summer Camp to institute legal proceedings to collect any amounts due under this agreement, then I/we agree to pay 100% of attorney fees, court costs, and any other incidental expenses in connection with such legal proceedings.

Neither the Preschool/Summer Camp staff, School Board, its Officers, members, the School, its Officers, employees and agents not St. Paul's Church, its Rector, Trustees, Vestry, Officers, employees and agents shall in any case be liable for any loss of damage sustained by the parents or the child, or any guests thereof in or about the premises of the school and church, or while participating in a camp related activity, whether by way of injury to their persons, including death or loss or damage to their property, arising out of any School, Camp, Church, Rector, Trustees, Vestry, Officers, employees and agents from any said child, arising out of any such injury, damage or loss. This clause shall be of no force and effect with respect of any claim covered by insurance and shall not be construed to relieve any insurance carrier from any duty to pay, adjust or defend any claim whatsoever.

I hereby verify that I have read all of the foregoing and understand the contents.

\_\_\_\_\_  
Signature, Mother/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Father/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
St. Paul's Episcopal School, Director

\_\_\_\_\_  
Date

OFFICE USE ONLY							
Identity Verification:		Currently Enrolled on File			New Student		
Place of Birth		Birth Date		Birth Certificate #		Date Issued	
Date of Enrollment		Program Hour			Date Enrollment End		
Registration Fee Paid	Cash	Check	Tuition	Monthly	Weekly	Lunch	



# SUMMER CAMP REGISTRATION/APPLICATION

## JULY 5 – AUGUST 21, 2016

I (we) agree to enroll my child in St. Paul's Episcopal School Summer Camp Program.

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Other \_\_\_\_\_

Summer Camp/child care services to begin \_\_\_\_\_ and end \_\_\_\_\_ 2015.

The hours for care will begin at \_\_\_\_\_ a.m. To \_\_\_\_\_ p.m. For the 5-day \_\_\_\_\_ or 3-day \_\_\_\_\_ program.

I understand that the nonrefundable registration fee of \$ \_\_\_\_\_ must be submitted with the registration/application form.

My monthly tuition fee is \$ \_\_\_\_\_ made payable to St. Paul's Preschool.

PARENT/GUARDIAN INFORMATION			
Mother		Father	
Address		Address	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email		Email	
Employer		Employer	
EMERGENCY CARE INFORMATION			
List Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency			
Child's Pediatrician / Health Care			Phone:
Dentist		Phone	
Insurance Provider		Policy #	Group
Eye Color		Hair Color	
EMERGENCY CONTACT INFORMATION AND AUTHORIZED PICKUP			
Name		Name	
Phone		Phone	
Relationship to child		Relationship to child	

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



St. Paul's Episcopal School – Bailey's Crossroads

**Information about Your Child:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

How does he or she communicate \_\_\_\_\_?

Does your child handle parent/child separation well? \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Food restrictions: \_\_\_\_\_

Favorite toy: \_\_\_\_\_ Favorite game: \_\_\_\_\_

List major illness, accidents, operations \_\_\_\_\_  
(Description/Date)

List Handicaps \_\_\_\_\_

List Allergies \_\_\_\_\_

*Prescribed Medication (Must fill out a written medication consent form and signed by your child's pediatrician)* \_\_\_\_\_

Request form from the office. \_\_\_\_\_

General disposition of your child: Happy \_\_\_\_; Friendly \_\_\_\_; Hard to Handle \_\_\_\_; Get along with others \_\_\_\_

Quiet \_\_\_\_; Shy \_\_\_\_; Outgoing \_\_\_\_ Other \_\_\_\_\_

Does your child prefer to be alone? \_\_\_\_\_ Does your child have group experience? \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_ No \_\_\_\_ Does your child ask or need to be taken to the bathroom? \_\_\_\_\_

Does your child dress/undress independently? \_\_\_\_\_ Does your child take a nap? \_\_\_\_\_

List your child's fears \_\_\_\_\_

How do you comfort his/her fears? \_\_\_\_\_

How do you encourage positive behavior? \_\_\_\_\_

How does your child react to correction by an adult? \_\_\_\_\_

What make your child happy? \_\_\_\_\_

What make your child angry? \_\_\_\_\_

What is the best way to handle his/her anger? \_\_\_\_\_

Your child shows a preference for using his/her right hand \_\_\_\_\_ or the left hand? \_\_\_\_\_

Additional information which may be helpful in understanding your child, his or her needs, and in making the transition to this child care program easier: \_\_\_\_\_

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

Current Date \_\_\_\_\_