

SUMMER CAMP/CHILD CARE AGREEMENT

JUNE 28-AUGUST 27, 2021

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/childcare 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: _____ June 28- July 2 _____ July 5-9 _____ July 12-16
_____ July 19- 23 _____ July 26-30 _____ August 2-6 _____ August 9-13 _____ August 16-20
_____ August 23-27 _____ All 9 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)*

Monthly Fee

5-Days	Hours	Monthly
Monday - Friday	8:30am—4:00pm	\$925.00 ☐
	8:30am---1:00pm	\$625.00 ☐
	8:30am—5:00pm	\$1065.00 ☐

Monthly Fee

3-Days	Hours	Monthly
Mon, Wed, Fri	8:30am – 4:00pm	\$725.00 ☐
	8:30am – 1:00pm	\$565.00 ☐
	8:30am – 5:00pm	\$800.00 ☐

Weekly Fee

5-Days	Hours	Weekly Fee
Monday –Friday	8:30am - 4:00pm	\$250.00 ☐
	8:30am - 1:00pm	\$215.00 ☐
	8:30am – 5:00pm	\$285.00 ☐

Weekly Fee

3-Days	Hours	Weekly Fee
Mon, Wed, Fri	8:30am - 4:00pm	\$215.00 ☐
	8:30am - 1:00pm	\$185.00 ☐
	8:30am – 5:00pm	\$245.00 ☐

Camp Registration Fee: **\$35.00 p/child currently Enrolled** ☐ **\$75.00 p/child New Student** ☐ Non-Refundable
Lunch upon Request 40.00 per/week \$85.00 per month
Late Payment Fee: \$35.00 (Tuition is due by the 5th of the month) (Tuition due on Monday for weekly)
Return Check Fee: \$35.00
Late Pick up Fee: \$30.00 first 10 minutes + \$1.00 per minute
Emergency Drop-in Care: \$100.00 p/day [8:30am – 5:pm] Half day \$ 60.00 (8:30am – 1:00pm) Approval needed.

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 5th day of the month. Tuition paid after the 5th day of the month will be charged a late payment fee of \$35.00.

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

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 \$	Cash	Check	Tuition \$	Monthly	Weekly	Lunch \$	yes	No

SUMMER CAMP REGISTRATION/APPLICATION

JUNE 28 – AUGUST 27, 2021

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/childcare services to **begin** _____ and end _____ 2021.

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 childcare program easier: _____

Current Date _____