

2020 Tuition & Fee Schedule

Select Camp Weeks

- Week 1** June 8 – 12
- Week 2** June 15 – 19
- Week 3** June 22 – 26
- Week 4** June 29 – July 2 (no camp July 3rd)
- Week 5** July 6 - 10
- Week 6** July 13 – 17
- Week 7** July 20 –24
- Week 8** July 27 – 31

*Subject to change based on government issued guidelines.



Tuition & Fees*

	Weekly Camp Tuition	1x Reg fee	# of Weeks	# of Campers	Total Cost
5 Extended Days 7:30AM-5:30PM	\$270	\$75			
Camp 5 Half Days 7:30AM-12:00PM	\$165	\$75			
3 Extended Days 7:30AM-5:30PM	\$215	\$75			
Drop In Day 7:30AM-5:30PM	\$100	\$75			

*Payment Policy: Risk Free one week's tuition is due at time of enrollment. We will apply the deposit to the final week of camp. Weekly camp fees are due every Monday morning at drop-off. We will charge a \$25 late fee if payment is not received by 12 pm Tuesday.

Camper #1

Camper #2

Name: _____

Name: _____

Grade Completed: _____

Grade Completed: _____

Date of Birth: _____

Date of Birth: _____

Shirt Size (Y XS – Adult M): _____

Shirt Size (Y XS – Adult M): _____

of Shirts** _____

of Shirts** _____

**Each camper receives one t-shirt with camp risk free registration. Additional shirts are available for \$15 each. Summer Camp is free dress.

Camp Registration Form

School#

School Name

Camper	Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date _____ Grade in the Fall: _____
	Address: _____ City: _____ State _____ Zip _____
	Does your child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please describe custody arrangement & provide documentation. _____
	Does your child know how to swim? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you give permission for your child to swim in camp programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child permitted to participate in all activities on camp field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/ Guardian	Name: _____ Cell Phone _____ Work Phone _____ Home Phone: _____
	Address: _____ City: _____ State _____ Zip _____
	Email _____ Employer name & address _____

Other Parent/ Guardian	Name: _____ Cell Phone _____ Work Phone _____ Home Phone: _____
	Address: _____ City: _____ State _____ Zip _____
	Email _____ Employer name & address _____

Others Authorized	Other Individuals Authorized to Pick-Up This Child
	Name: _____ Relationship _____ Address: _____ Cell Phone: _____ Name: _____ Relationship _____ Address: _____ Cell Phone: _____

Medical Information	Child's Physician _____ Physician's Phone _____
	Child's Dentist/Orthodontist _____ Dentists/Orthodontist's Phone _____
	Medical Insurance Provider (Please submit a copy of insurance card) _____ Policy Number _____
	Health History (Choose all that apply & provide copy of immunizations) <input type="checkbox"/> Ear Infection <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder
	Allergies <input type="checkbox"/> Pollen <input type="checkbox"/> Poison Oak/Ivy/Sumac <input type="checkbox"/> Penicillin <input type="checkbox"/> Insect Stings (Specify) _____ <input type="checkbox"/> Foods (Specify) _____ <input type="checkbox"/> Other (Specify) _____
	Operations, serious injuries, diseases, or restrictions on physical activity: _____ Current medication and purpose (all medication sent to camp must be given to camp director and clearly labeled with doctor's instructions) _____ Behavioral conditions or problems of which camp staff should be aware _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the camp staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____