

Southeastern Preschool 2010 Summer Day Camp Enrollment (Ages 2 – 11)

Child's Name _____ Age _____ Date of Birth _____

Address _____ Zip _____

Parent's Name _____

Home Phone _____ Cell Phone (Mom) _____ Cell Phone (Dad) _____

Wk. Phone (Mom) _____ Wk. Phone (Dad) _____

E-mail Address (for tuition statements) _____

In case of illness and parent (guardian) cannot be reached, please call:

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Persons Authorized to Pick Up My Child

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Signature of parent or legal guardian

Date

Medical Authorization

The following information is needed in case of an emergency:

I, _____, give my authorization and permission for emergency treatment of my child, _____, to staff members of Southeastern Day Camp in the event of an emergency in my absence and while under their care.

Signature of parent or legal guardian

Date

Doctor's Name: _____ Phone #: _____

My child is allergic to: _____

History of any medical conditions: _____

SUMMER DAY CAMP CLASS REQUEST

(June 1st – Aug. 6, 2010)

Ages 2 - 11

_____ **5 days per week** (summer tuition fee \$1,200 **OR** 2 pmts. of \$600 each)

_____ **4 days per week** (summer tuition fee \$1,000 **OR** 2 pmts. of \$500 each)

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

_____ **3 days per week** (summer tuition fee \$750 **OR** 2 pmts. of \$375 each)

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

_____ **2 days per week** (summer tuition fee \$500 **OR** 2 pmts. of \$225 each)

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

_____ **1 day per week** (summer tuition fee \$250 **OR** 2 pmts. of \$125 each)

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Payments are due **in full on** June 5th and July 5th. Tuition is based on the number of days you enroll for and not the number of days your child is in attendance (summer vacations will not be credited to your account). A 10% discount will be given to siblings.

Childcare charges of \$2.00 per hour will be charged from 7:00 – 8:30 a.m. and 3:00 – 6:00 p.m. If your child is picked up after 6:00 p.m., you will be charged \$5.00 for the first five minutes and \$5.00 per minute thereafter. Any charges accrued after 6:00 p.m. will be paid directly to the afterschool childcare provider.

A non-refundable registration fee of \$25.00 is to be paid at the time of registration.

Our kitchen will be closed for the summer, so be sure to bring a sack lunch for each day your child attends day camp. Milk will be provided. Please provide a pillow and blanket to be used during naptime and an extra change of clothes.

Summer Day Camp will be **closed** on Monday, July 5th in observance of the July 4th holiday.

If you are new to Summer Day Camp, immunization records must be provided to the school office by June 1st, 2010. These may be faxed to 322-1690 for your convenience.

Employees are not allowed to dispense medication without written permission from the parent/guardian or doctor. Please provide only the verified dosage, student's name, time medication is to be administered and signature of parent/guardian or doctor on medical authorization form.

I understand that my tuition payments are due **in full** by June 5th and July 5th and that my child could be removed from day camp until payment on my account is brought up-to-date.

Signature of parent/guardian

Date