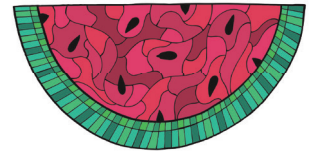


SUMMER CAMP

AT THE FAMILY SCHOOL

2022



REGISTRATION FORM

- **Each child will need their own registration form filled out** • Email forms to beths@syvfamilyschool.org
- Green Door Camp (3 yrs. old & potty trained - incoming Kinder) • Upper Campus Camp (incoming 1st - 5th)

Child's Name _____ Green Door Camp Upper Campus Camp

PRICING

- 25% NON REFUNDABLE DEPOSIT AT TIME OF REGISTRATION
\$225.00 for 5 days a week
\$175.00 for 3 days a week
(4th Session: \$195.00 for 4 days)
- REFUNDS (DEPOSIT NOT INCLUDED) AVAILABLE UNTIL MAY 13TH
 - FULL PAYMENT DUE BY JUNE 6TH

CAMP HOURS: 9AM -3PM

DROP OFF: 8:45-9:15AM
PICK UP: 3:00-3:15PM
AFTERCARE offered daily
3:15-4:00PM
\$10 per day (billed)

*Payments can be made by check, Venmo (SYVFAMILYSCHOOL) or through our website via PayPal.
If you pay via Venmo or PayPal please notify us that your payment is for summer camp.

1st Session: June 13th-17th

3 days a week 5 days a week
Specify/Circle Days (if 3 days a week):
M T W Th F

3rd Session: June 27th-July 1st

3 days a week 5 days a week
Specify/Circle Days (if 3 days a week):
M T W Th F

5th Session: July 11th-15th

3 days a week 5 days a week
Specify/Circle Days (if 3 days a week):
M T W Th F

2nd Session: June 20th-24th

3 days a week 5 days a week
Specify/Circle Days (if 3 days a week):
M T W Th F

4th Session: July 5th-8th

3 days a week 4 days a week
Specify/Circle Days (if 3 days a week):
T W Th F

6th Session: July 18th-22nd

3 days a week 5 days a week
Specify/Circle Days (if 3 days a week):
M T W Th F

In signing below I understand that my deposit is non refundable and that Camp fees can only be refundable until May 13th, 2022.

Signature _____ Date _____

FOR TFS OFFICE USE ONLY

Deposit Total: \$ _____ Paid on _____ by Venmo PayPal Check # _____

Remaining Camp Fees Total: \$ _____ Paid on _____ by Venmo PayPal Check # _____

Summer Camp Emergency Contact Information

* Covid-19 protocols such as health checks, cohorts and masks may be implemented during summer camp in alignment with licensing/county/state guidelines.

Child 's Name _____ Date of Birth _____

Parent #1 Name _____ Email _____

Telephone (Cell) _____ Other _____

Address _____

Parent #2 Name _____ Email _____

Telephone (Cell) _____ Other _____

Address (same as above parent) _____

Child Pick-Up List (other than parents/guardians listed above)

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

Health Information

Physicians Name _____ Telephone # _____

Address _____

Allergies/Medical Conditions _____

Consent for Medical Treatment

_____ As the parent, agency representative or legal guardian, I hereby give consent to The Family School (TFS) to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Initial

I authorize The Family School to secure adequate hospital and/or medical attention for my child in case of an emergency, illness or accident during Summer Camp.

Initial

I authorize The Family School to administer the following (please check all that apply):

_____ non aspirin pain reliever Benadryl or equivalent prescription provided by parent.

Initial

RELEASE - THIS MUST BE SIGNED

Consent and Release for all the above unless otherwise indicated: The signature below authorizes The Family School to pursue any emergency measures if needed. I expressly release and discharge The Family School and their agents, employees and representatives of and from any liability or responsibility for damage from injuries sustained by my child while attending the school, camp or any of its trips or other activities. I give permission for my child to participate in field trips while at or in the care of The Family School. I understand my child may be transported by bus or van, owned, rented or leased by The Family School for off-campus activities.

All of the information on the Student Emergency Contact Form and Consent & Release Form is current and accurate.

Signature of Parent or Legal Guardian

Print Name

Date