

# SUMMER CAMP

## AT SYV FAMILY SCHOOL



### REGISTRATION FORM

- **Each child will need their own registration form filled out** • Email forms to [beths@syvfamilyschool.org](mailto: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  
\$240.00 for 5 days a week  
\$180.00 for 3 days a week  
(1st Session: \$195.00 for 4 days)
- REFUNDS (DEPOSIT NOT INCLUDED) AVAILABLE UNTIL MAY 12TH
  - FULL PAYMENT DUE BY JUNE 5TH

#### 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 20th-23rd

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

#### 2nd Session: June 26th-30th

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

#### 3rd Session: July 5th-7th

3 days (\$180)  
**W Th F**

#### 4th Session: July 10th-14th

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

#### 5th Session: July 17th-21st

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 12th, 2023.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR SYVFS 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 \_\_\_\_\_ Gender \_\_\_\_\_

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 SYV Family School 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 SYV 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 SYV 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 SYV Family School to pursue any emergency measures if needed. I expressly release and discharge SYV 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 SYV Family School. I understand my child may be transported by bus or van, owned, rented or leased by SYV 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