

Elite Scholars STEAM Academy
2017 SUMMER CAMP

Enrollment Contract

Please indicate the Summer Camp contract to which you will be agreeing:

- | No Before/After Care | w/ Before Care ONLY | w/ After Care ONLY | w/ Before & After Care |
|--|---|---|---|
| <input type="checkbox"/> \$140/ week | <input type="checkbox"/> \$140/week + \$25/week | <input type="checkbox"/> \$140/week + \$25/week | <input type="checkbox"/> \$140/week + \$35/week |
| <input type="checkbox"/> \$90/Mon, Tue, Wed | <input type="checkbox"/> \$90/MTW + \$20 | <input type="checkbox"/> \$90/MTW + \$20 | <input type="checkbox"/> \$90/MTW + \$23 |
| <input type="checkbox"/> \$100/Mon, Wed, Fri | <input type="checkbox"/> \$100/MWF + \$20 | <input type="checkbox"/> \$100/MWF + \$20 | <input type="checkbox"/> \$100/MWF + \$23 |

Selects which 6 (or more) Weeks You Are Enrolling:

(For multiple children attending on different weeks, **please write their names** next to the weeks they will be attending)

- 1 – May 29th “Athletic Sports Week”
- 2 – June 5th “Photography Week Stem”
- 3 – June 12th “Aerospace Week”
- 4 – June 19th “Lego’s Week”
- 5 – June 26th “Robotics Week”
- 6 – July 3rd “Brain Games Week”
- 7 – July 10th “Simple Machine Week”
- 8 – July 17th “Coding Week”
- 9 – July 24st “Camping Week”
- 10 – July 31st “Engineering Week”

This agreement is made by and between Anetrise Jones, Founder of Elite Scholars STEAM Academy and _____, parent/guardian of _____. The following has been agreed upon between the two parties:

It is my desire to have my child(ren) enrolled in the Summer Camp program at Elite Scholars STEAM Academy.

I have read a copy of the Elite Scholars STEAM Academy policy handbook online. I have read, understand and agree to abide by the policies contained therein. I also understand that my child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child’s ability to adapt to the center’s surroundings. Unless otherwise notified, the child(ren) will be accepted and permanently enrolled. I further understand that if the policies outlined in this handbook are not adhered to, it would be sufficient cause for the removal of the child(ren) from the Summer Camp program. I understand that I must follow the termination policy as it is written in the Parent’s Handbook.*

I agree to the weekly/daily rate of \$_____, to be paid every Friday in advance for my child(ren).

I understand that I am contracted to pay for 6 weeks of SUPER COOL Summer Camp. Any subsequent weeks [post 6 weeks] that I choose to withdraw from, I must provide a minimum of two weeks written notice (10 full program days) of my intent to withdraw my child(ren) from the program before camp starts. If two weeks’ notice is not given, I agree to make a full tuition payment for the final two weeks. Refunds (due to absence or expulsion) and transfers are non-negotiable. *This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

Please initial next to each item. We want to be sure you understand and agree to these policies.

_____ I understand payment is due Friday. Late fees are \$20.00 per day.

_____ I understand the late pickup/early drop off fee is \$20.00 for every 15 minutes, or part of.

_____ I understand the pickup policy for other than parental pickup.

_____ I understand I cannot change the weeks selected after camp has started and no refunds will be made once camp has started

_____ I understand the illness policy.

_____ I am contracting for _____ week(s) of Summer Camp arrangements. **(Minimum of 6 weeks)**

_____ I understand the behavior policy and I have read and shared the camp rules with my child(ren).

_____ I understand the returned check policy.

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_____ I agree to pay the material fee and first week's tuition upon registration.

Please **read each section and initial** where indicated for confirmation that you have reviewed and understand the contents therein.
At the end, a section is provided for your signature to finalize your agreement to the entire packet.

Child(ren)'s Name(s): _____

Excursion and Transportation Consent

I hereby give permission to Elite Scholars STEAM Academy for my child(ren):

- ✓ To participate in excursions not involving transportation such as walks in the neighborhood, walks to the playground, parks and libraries.

- ✓ To participate in excursions involving public or private transportation to locations such as libraries, parks, playgrounds, museums, and pet stores.

Initials:

Media Release

Photographs and videos are taken on different occasions such as birthdays, holidays, outings and special occasions. We use these pictures/videos in our childcare center for teaching, arts and crafts, albums and various other things.

I understand that Elite Scholars STEAM Academy, and grant funders, may use photographs and/or digital videos for use in local publications, advertisings, websites, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

Initials:

Discipline Policy

We believe that children learn from us. We are their role models. Children are forming habits, attitudes and patterns that will affect them throughout life.

We expect all employees to treat the children in a respectful manner and for the children, in turn, to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the child will be sent to the Site Director for further discussion. If this does not resolve the problem, the parents will be contacted for assistance. Chronic misbehavior can result in dismissal from the program.

Initials:

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Authorization for Medication

No medication will be given by child care personnel, or be on the property without our knowledge, without the signed permission of a parent or guardian. Please complete the following:

Initials:

Name of Medication(s) and Name of Child(ren) _____

Dosage(s): _____

Time(s) medication is to be administered: _____

Authorization for Emergency Medical Treatment

I hereby give permission for my child(ren) to be given emergency treatment (first aid and CPR) by a qualified staff member at Elite Scholars STEAM Academy. In case of any emergency, Elite Scholars STEAM Academy will attempt to reach either parent or the Emergency Number given by the parent. If for any reason none of the parties are available, I authorize Elite Scholars STEAM Academy to use and transport to, the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility. In case emergency transportation is needed, I agree to pay all costs of transportation.

Initials:

Emergency Name: _____ Telephone Number: _____

Medical Insurance: _____ Insurance Numbers: _____

Know Your Elite Scholars STEAM Academy Handbook

I have received and read a copy of the Elite Scholars STEAM Academy handbook and understand its contents and am in compliance of the expectations of both me and my child(ren) for this program contained therein.

Initials:

General Consent

I hereby give my consent to have my child participate in all activities at Elite Scholars STEAM Academy. I give my permission to have my child taken to and from the program location on various field trips by means of transportation used by Beyond the Bell.

I also realize that Elite Scholars STEAM Academy will not be responsible for any minor injuries that might occur during the normal program day (i.e. scratched knee, cuts, bruises, bites, etc).

I have read all the information contained within this Consent Form Packet, initialed in the appropriate places, and hereby give my consent.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

Director

Parent

Parent

Date

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For Office Use Only:

Referral Sources

(Please circle all that applies)

ADVERTISEMENT

Drive-by Sign

Local Bulletin

Flyer

Newspaper

REFERRAL

Parental Referral

Center Referral

Dept. Human Resources

Subsidy Program Referral

Returning Client

OTHER

Tutoring

Private School

Parent Night Out

Summer Camp

Other _____