



Quality Education, Inspiring Young Minds, Creating Excellence

Camp Little 2019

Ages 12 Months through children entering Kindergarten

Dear Parents,

Don't forget to make your summer plans this year with our new list of fun and exciting themes for camp. Please see each theme's description on the back of this sheet. You may sign up for one-week sessions or enjoy them all! Although it is our goal to be as flexible as possible for you and your family during the summer months, please understand that we are unable to offer daily rates or discounts for days missed at camp. To register for camp please fill out the attached registration form and return it to the front desk. Camp classes fill fast, so don't delay. If you are registering more than one child, please submit a separate registration form for each child. Camp registration will include the cost of a Camp Little T-Shirt (While supplies last).

Non-Refundable Summer Registration Fee: \$75.00 Per Child

Cost Per Week	Half Day 9:30a-1:00p	Full Day 7:00a-6:00p
One Child	\$140.00	\$230.00
Two Children	\$245.00	\$420.00
Three Children	\$335.00	\$600.00

Please Note:

- Hourly drop-in care is available Monday-Friday from 1:00am-6:00pm.
- Sunscreen that **you provide** can be applied in the afternoons if a signed release is on file.
- We cannot make adjustments for daily absences.
- **Cancellation Policy:** Please note that you must give two (2) weeks' notice in writing to Allison or Jen in order to change or cancel a week of summer camp or you will be charged for that camp. We are unable to pro-rate weeks of camp due to family vacations or illness.
- Ask about our discount for active duty military.

The little school at Kids Cottage
 105 Mont Blanc Blvd.
 Dover, DE 19904
 302-734-3040-School
 302-734-5127-Fax
www.thelittleschool.us



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June 10th -14th Here Comes The Sun: "Here comes the sun (doo doo doo doo)." Let's kick off the summer paying tribute to that big bright star in the sky. This week at camp we will explore the glorious sun with many crafts, experiments and songs.

June 17th -21st Who Are the People In Your Neighborhood: Let's spend the week learning about the different jobs in our community. From our local baker, police officers, fire fighters and so many more. These are the people in your neighborhood!

June 24th -28th Full STEAM Ahead Into Summer: Science, Technology, Engineering, Art and Math! So much to explore in such little time!

July 1st -5th Patriotic Fun: (All services will be closed on Thursday July 4th.) Let's celebrate America's birthday in RED, WHITE and BLUE. We will sing patriotic songs and create our own fireworks.

July 8th -12th Sensational Celestial Adventure: We will spend the week exploring the great outer space. Let's find out what it takes to be an astronaut and visit the moon. 3...2...1...BLAST OFF!!

July 15th -19th Let's Go Fly A ? : What kinds of things can we fly? A kite? A plane? Join the adventure this week and let's go fly a

July 22nd -26th Icky Icky Bugs: What has 6 legs, 2 antennae and is crawling up your leg? This week we will explore the creepy crawly nature of bugs. We will even create a new bug of our very own.

July 29th -August 2nd Commotion In The Ocean: Get ready for a whale of an adventure this week at camp. We will explore the great big blue and all its natural beauty.

August 5th -9th Greatest Big Top Show: Life is a circus! Let's celebrate all the fun things a circus brings to town...clowns, circus animals and of course a little juggling.

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~Camp Little 2019~

Registration Form

Child's Name: _____

Birthdate: _____

IF YOU ARE UTILIZING THE STATE POC PROGRAM PLEASE SEE ALLISON BEFORE COMPLETING THIS FORM Please INITIAL the camps you wish to register your child for:

Please INITIAL	Week/Theme
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Here Comes The Sun June 10-14
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Who Are The People In Your Neighborhood June 17-21
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Full STEAM Ahead Into Summer June 24-28
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Patriotic Fun July 1-5 (All Services Closed Tuesday July 4 th)
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Sensational Celestial Adventure July 8-12
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Let's Go Fly A ___? July 15-19
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Icky Icky Bugs July 22-26
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Commotion In The Ocean July 29-August 2
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Greatest Big Top Show August 5-9
*All services close at 1:00pm after the family Luau on Friday Aug 9th	

Please circle your child's shirt size:

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L

A Camp Little T-Shirt is included in the cost of registrations and will be provided while supplies last. Please register by May 23th to assure your child gets their size.

Please join us for an information session regarding summer camp. Bring the whole family! Thursday, June 6th from 6:00pm -7:00pm

~Camp Little 2019~

Registration Form

IF YOU ARE UTILIZING THE STATE POC PROGRAM PLEASE SEE ALLISON BEFORE COMPLETING THIS FORM

Child's Name: _____ Birthdate: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____

Work Phone (Mom): _____ Cell Phone (Mom): _____

Work Phone (Dad): _____ Cell Phone (Dad): _____

Email 1: _____ Email 2: _____

Emergency Contact(Name and Number): _____

Physician: _____ Phone Number: _____

Allergies, Medical Concerns, Other Comments _____

Please read and initial the items below:

- _____ I give permission for the Camp Little staff to apply sunscreen **I PROVIDE**.
- _____ I give permission for my child to take walks within short distances of the school and to take field trips by school bus.
- _____ I give permission for the school staff to take pictures of my child engaged in school activities and events and to use these pictures on the school website (www.thelittleschool.us), social media and local media. No names will be used with the pictures.
- _____ Cancellation Policy: Please note you must give two (2) weeks' notice in writing to Jen or Allison in order to change or cancel a week of summer camp or you will be charged for the camp. We are unable to pro-rate weeks of camp due to family vacations or illness.
- _____ I **GIVE** permission for my child to play on the large playground equipment when he/she is at the little school at Kids Cottage.
- _____ I do **NOT GIVE** permission for my child to play on the large playground equipment when he/she is at the little school at Kids Cottage.

Parent/Guardian Signature

Registration Fee: \$ _____ Date: _____

**~Camp Little 2019~
Registration Form**

Child's Name: _____

Summer Camp Payment Options and Cancellation Policy

Each summer camp registration form must be accompanied by a \$75 registration fee.

Please INITIAL one of the payment options below

Option A: _____ I will make a payment in full for all camps I select at the time of registration. Payments may be made using cash or check. All miscellaneous charges (i.e. extended care, movie nights, birthday parties, etc.) incurred on a weekly basis will be due on Tuesday of each week. Please complete the attached auto debit form.

Option B: _____ I will complete an automatic ACH form at time of registration, and I understand that my payments will be automatically deducted from my bank account (ACH) two weeks prior to each camp along with any miscellaneous charges. If you select this plan, an automatic ACH authorization form must accompany your registration form with a blank voided check.

Option C: _____ I will complete an automatic debit form at time of registration, and I understand that my payments will be automatically deducted from my credit card (i.e. MasterCard, Visa, Discover or American Express) two weeks prior to each camp along with any miscellaneous charges. **If you select this plan, a 3% merchant service fee will be added each time we run your card.** By choosing this option, an automatic debit authorization form must accompany your registration form.

Please INITIAL that you have read and understand the below statement.

_____ Changes from full-day to half-day camps or vice-versa must be done in WRITING. If this change occurs and there has been an overpayment, a credit will be applied to your child's little school account. No refunds.

_____ You must give at least two (2) weeks' notice in WRITING to Allison or Jen in order to change or cancel a week of summer camp or you WILL be charged for the camp. We are unable to pro-rate weeks of camp due to family vacations or illness. Please note that all registration fees are non-refundable.

_____ Past due accounts will be placed with a collection agency. Any account sent to collections will incur a 40% interest charge which will be added to your account at little school at Kids Cottage. In addition, you will be responsible for all collection costs which may include collection fees, attorney fees, and other fees charged by the collection agency. This may include but is not limited to a fee for partial payment made on the past due account.

Parent Signature/ Date _____

~Camp Little 2019~

Registration Form

Automatic Account Authorization

All charges posted to your account on a weekly basis (i.e. camp, drop-in, movie night, birthday parties, etc.) will be deducted from your ACH account or credit card on Tuesdays. Please complete the form below with your account information, signature and date.

Plan B: ACH/ Checking Account

Child/ren Name: _____ Name on account: _____

Routing Number: _____ Account Number: _____

Signature: _____ Date: _____ Contact Number: _____

I UNDERSTAND THAT A \$40 SERVICE FEE WILL BE APPLIED TO MY LITTLE SCHOOL ACCOUNT FOR ANY RETURNED ACH PAYMENTS.

(PARENT SIGNATURE/DATE)

I UNDERSTAND THAT IF MY PAYMENT IS RETURNED AND AN ALTERNATIVE PAYMENT HAS NOT BEEN RECEIVED WITH IN 5 BUISNESS DAYS FROM THE DATE OF DECLINE I WILL BE CHARGED A 3% LATE FEE

(PARENT SIGNATURE/DATE)

PLEASE ATTACH A BLANK VOIDED CHECK!

Plan C: Credit Card

Child/ren Name: _____ Name on card: _____

Type of Card (circle): Mastercard--Visa--Discover--American Express

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____ Contact Number: _____

I UNDERSTAND THAT BY CHOOSING THIS OPTION I WILL BE CHARGED A 3% MERCHANT SERVICES FEE EACH TIME MY CARD IS RUN.

(PARENT SIGNATURE/DATE)

I UNDERSTAND THAT IF MY PAYMENT IS RETURNED AND AN ALTERNATIVE PAYMENT HAS NOT BEEN RECEIVED WITH IN 5 BUISNESS DAYS FROM THE DATE OF DECLINE I WILL BE CHARGED A 3% LATE FEE

(PARENT SIGNATURE/DATE)