

~Camp Little 2017~

Registration Form

Child's Name: _____

Birthdate: _____

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	June 12-16 Down By The Sea
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	June 19-23 Pete The Cat
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	June 26-30 Slithery Snakes and Creepy Crawlies
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	July 3-7 (All Services Closed Tuesday July 4 th) Red, White and Blue
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	July 10-14 Into The Night
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	July 17-21 Fishy, Fishy, Fishy
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	July 24-28 Take Me To The Fair
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	July 31- August 4 Buggy Bugs
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	August 7-11 Chug Chug Choo Choo

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 registration and will be provided while supplies last. Please register by May 26th to assure your child gets their size.

Family Orientation Night - Thursday, June 8th - 5:30 -6:30pm

Please join us for an information session in regards to summer camp. Bring the whole family!

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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 (Mom): _____ Email (Dad): _____
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) 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: _____

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Summer Camp Payment Options and Cancellation Policy

Each summer camp registration form must be accompanied by a \$60 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.

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 (2) weeks prior to each camp. 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. **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 statement below.

_____ 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.

Please sign and date below indicating that you have read and understand the little school at Kids Cottage cancellation policy.

You must give at least 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. Please note that all registration fees are non-refundable.

Parent Signature/ Date _____

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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 processed on Tuesdays and deducted from your ACH account or credit card. 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)

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)