

**~School Age Camp 2018~
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	<p align="center">What a Mess June 11-15</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Game On June 18-22</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Minute to Win it June 25-29</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Kids Cottage Bake-Off July 2-6 *All services closed Wednesday July 4th</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Acting Up July 9-13</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Sculptors July 16-20</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Sorcerers, Witches, Wizards Oh My! July 23-27</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Good vs. Evil July 30- August 3</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center">Chopped August 6-10 *All services close at 1:00pm after the family picnic on Friday Aug 10th</p>

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 25th to assure your child gets their size.

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

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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 (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), social media, and local media. No names will be used with the pictures.
- _____ I am aware of the Food Allergy policy as stated in the LSKC Parent Handbook. (located online)
- _____ 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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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 statements.

_____ 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 _____

SCHOOL AGE CAMP 2018

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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 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)

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)