

**~School Age Camp 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	<p align="center"><b>Minute To Win It</b> June 10-14</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Full Day & DE Turf	<p align="center"><b>Got Art?</b> June 17-21 DE Turf (Add-On Option)</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center"><b>What A Mess</b> June 24-28</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center"><b>Cooking for Different Cultures</b> July 1-5 (All Services Closed Tuesday July 4<sup>th</sup>)</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center"><b>Game Show Mania</b> July 8-12</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center"><b>Inventors Workshop</b> July 15-19</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center"><b>Fairy Tale Science Experiments</b> July 22-26</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Full Day & DE Turf	<p align="center"><b>Mad Scientist</b> July 29-August 2 DE Turf (Add-On Option)</p>
<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<p align="center"><b>Hawaiian Hullabaloo</b> August 5-9</p>
<p align="center">*All services close at 1:00pm after the family Luau on Friday Aug 9th</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 registrations and will be provided while supplies last. Please register by May 23<sup>th</sup> to assure your child gets their size.

Please join us for an information session regarding summer camp. Bring the whole family! Thursday, June 6<sup>th</sup> 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 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](http://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: \_\_\_\_\_

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**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.

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**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 \_\_\_\_\_

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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)

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!\*

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**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)