

FOOD ALLERGIES: _____



COMPLETE BOTH SIDES

OFFICE USE ONLY
DATE REC'D _____



**APPLICATION FOR ADMISSION TO
SUPER SUMMER ADVENTURE CAMP**

Name of Child _____ Grade in Sept. _____ Date of Birth: _____

Preferred date to enter: _____ Nickname: _____ Gender: _____

Where did you hear about our program? _____

Parent's Residence: _____ City: _____ Zip: _____ H Phone: _____

Parent's (if applicable) _____ City: _____ Zip: _____ H Phone: _____

E-mail _____ Alternate E-mail _____

Bill via: E-mail _____ Mailing Address _____

Parent's Name _____ Occupation: _____ W Phone: _____

Business Address _____ Cell Phone: _____

Parent's Name _____ Occupation: _____ W Phone: _____

Business Address _____ Cell Phone: _____

The following persons are **authorized** to take my child from school, and should be contacted in an emergency if parent / guardian cannot be reached.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Your child will not be allowed to leave with any other person without permission from parent / guardian

Physician: _____ Phone: _____

Office Address: _____

If this physician cannot be reached in an emergency, what action should be taken? Hospital(s) _____

Allergies or health problems: _____

Tuition is charged for times as listed. There is an additional fee for drop-in hours used on either end of your schedule.

Please check the time block, circle number of days and write down the days of the week that care is needed.

9:00 AM . 1:00 PM (Number of days: 2, 3, 4, 5) Name days: _____

12:00 PM . 4:00 PM (Number of days: 2, 3, 4, 5) Name days: _____

9:00 AM . 4:00 PM (Number of days: 2, 3, 4, 5) Name days: _____

7:30 AM . 6:00 PM (Number of days: 2, 3, 4, 5) Name days: _____

Session I: June 17 . 21

Session IV: July 8 . 12

Session VII: July 29 . 2 August

Session II: June 24 . 28

Session V: July 15 . 19

Session VIII: August 5 . 9

Session III: July 1 . 5 (CLOSED July 4)

Session VI: July 22 . 26

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO SAN ANSELMO PRESCHOOL TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S.) FOR _____. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. MY CHILD HAS THE FOLLOWING **MEDICATION ALLERGIES:**

Signature of parent or guardian _____ Date: _____

Included is my Scheduling Agreement Form

To avoid delay in registration, application, scheduling agreement form and signed contract must be submitted together.



Super Summer Adventure Camp
121 Ross Avenue, San Anselmo, CA 94960
Telephone (415) 453-3181

The Super Summer Adventure Camp will offer care to the undersigned upon the following terms and conditions:

Section 1. A summer **Scheduling Agreement Form** must accompany your **Super Summer Adventure Camp** application. The Schedule Reduction Fee will **not** be applied providing there are no reductions to your child's summer schedule after May 15. In the event of a scheduling reduction, \$50 will be charged to your credit card. Any subsequent scheduling reductions will require a \$50 charge to your credit card each time. If there are no scheduling reductions your credit card will not be charged any Scheduling Reduction Fees for the summer. If your child will be attending both summer and fall, we will need both the fall registration fee (\$125) and the summer Scheduling Agreement Form (completely filled out and signed).

In addition to covering any Schedule Reduction Fees, your credit card will be used to charge any outstanding tuition still due by August 20. You may pay tuition at any time prior to August 20 by check or cash as usual. There is a 2% discount for cash or check payments. Published rates are discounted rates. Your online receipt will show this.

Billing occurs monthly. San Anselmo Preschool & Afterschool Center bills continuing families on the first of each month for one month in advance. As in the past, tuition is due by the 20th of each month prior to the month billed. Tuition for June summer sessions are due on May 20, for July summer sessions on June 20, and August summer sessions on July 20. Children that only attend the Super Summer Adventure Camp are required to pay the full summer tuition at the time of enrollment. *Children may not attend a session until tuition is paid in full. If you wish to drop a session(s), you must give us two-week's notice, or your credit card will be charged full tuition.* Tuition paid for time beyond the two-week notice will be credited at the next billing cycle. Any reductions to your schedule after May 15 will be treated as follows: the first reduction, you will be charged \$50 to your credit card (as stated on the Scheduling Agreement Form). For each subsequent reduction, you will be charged a \$50 schedule reduction fee to your credit card (as stated on the Scheduling Agreement Form).

Section 2. Registration: A drop-in service is available only to registered children and is left to the discretion of the Head Teacher.

Section 3. Late Pick Up: The Super Summer Adventure Camp closes at 6:00 PM. **If a child is left longer, there is a \$1.00 fee for each minute that you are late.** You are responsible for notifying the Head Teacher if you are not able to pick up your child at your allotted time.

After three late pick-ups your situation will be reviewed by the Board of Directors.

Section 4. Emergency Closure: In the instance of a catastrophic emergency we may be forced to close the camp for an entire day or part of a day. In such circumstances it is impossible for us to provide you with advance warning. As soon as the emergency closure has been determined we will leave a message on our voicemail and we will activate our emergency phone tree. In cases where we need to close the school during the school day it is imperative that you provide us with two emergency contacts on your Identification and Emergency Information form. It is impossible to refund tuition for emergency closure days nor can we trade days.

Section 5. Medication: The staff can only dispense medication of any type after the parent has filled out a medication permission slip. Permission slips, which are available at the Super Summer Adventure Camp, must be filled out and signed on a daily basis, and medication must be stored in or near the refrigerator, in its original bottle. Medication must be taken home at the end of each day.

Section 6. Illness: The Super Summer Adventure Camp is not equipped to care for sick children. If a child is unable to participate in the normal routine the parent will be called and asked to take the child home. **Before returning to camp the child should remain at home fever-free for twenty-four hours.**

Section 7. Parents are required to notify the Super Summer Adventure Camp of any infectious and communicable diseases in your family.

Section 8. Dress your child in old, comfortable clothing that will not restrict his/her play. We offer children messy play with water, sand, paint, etc. **All removable clothing including shoes and boots must be marked with your child's name.**

Section 9. The Super Summer Adventure Camp admits children regardless of race, creed or national origin. We reserve the right to exclude a child from attendance for any reason whatsoever including but not limited to health, disruptive behavior, lack of adjustment to the group situation, or delinquency of the tuition account.

Section 10. The Department or Licensing Agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren), or any staff member, and for the examination of all records relating to the operation of the facility. The Department or Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Section 11. The parent or guardian who signs the contract is responsible for payment of tuition.

Child's Name (Please Print) _____

Parent's Signature _____ Date _____

School Representative _____ Date _____



**Super Summer Adventure Camp
Scheduling Agreement Form**

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In addition to covering any Schedule Reduction Fees, your credit card will be used to charge any outstanding tuition still due by August 20. You may pay tuition at any time prior to August 20 by check or cash as usual. There is a 2% discount for cash or check payments. Published rates are discounted rates. Your online receipt will show this.

Billing occurs monthly. San Anselmo Preschool & Afterschool Center bills continuing families on the first of each month for one month in advance. As in the past, tuition is due by the 20th of each month prior to the month billed. Tuition for June summer sessions are due on May 20, for July summer sessions on June 20, and August summer sessions on July 20. Children that only attend San Anselmo Preschool during the summer are required to pay the full summer tuition at the time of enrollment. *Children may not attend a session until tuition is paid in full. If you wish to drop a session(s), you must give us two-week's notice or your credit card will be charged full tuition.* Tuition paid for time beyond the two-week notice will be credited at the next billing cycle. **Any** reductions to your schedule after May 15 will be treated as follows: the first reduction, you will be charged \$50 to your credit card (as stated on the Scheduling Agreement Form). For each subsequent reduction, you will be charged a \$50 schedule reduction fee to your credit card (as stated on the Scheduling Agreement Form).

Child's Name: _____

Credit Card Information

____ Visa _____ MasterCard

We do not accept American Express or Discover Card

Credit Card Number: _____

Expiration Date: _____ E-mail: _____ *for receipt*

Name on Card: _____

I hereby agree to the terms of the Scheduling Agreement form. I know that I will be charged \$50 for the first reduction to my child's summer schedule after May 15. I know that I will be charged \$50 for each reduction thereafter. If no schedule reduction occurs for the summer program, I will not be charged a fee. ***If I wish to drop a session(s), I must give you two-week's notice, or my credit card will be charged full tuition.*** Tuition paid for time beyond the two-week notice will be credited to me at the next billing cycle. ***I understand that the published fees are discounted by 2% and are for cash and check transactions only. Any and all outstanding summer tuition due by August 20 will be charged to my credit card by August 23.***

____ ***I wish to use this credit card to pay my monthly summer tuition*** *(check, if desired)*

Signature

Date