



Counselor Summer Camp 2019

REGISTRATION FEE: \$100 (non-refundable) **TUITION:** \$190 per/week

CAMP BEGINS: June 10– Aug. 30, 2019 **HOURS:** 7:30 a.m. to 5:30 Noon

DIRECTOR: Mary C. Cox

Tennis, Nature Studies, Arts, Crafts, Story Telling, Drama, Music, Folk Dancing, Water Safety, Swimming Lessons, Basketball, Baseball Soccer, Area Musical Performances and Magicians, and Much More!

Parent's Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: (_____) _____

Child's Name: _____ Nickname: _____ Sex: _____ Age: _____ Birthdate: ____ / ____ / ____

Father's Occupation: _____ Bus. Phone #: (_____) _____

Bus. Address: _____ Employer: _____

E-mail: _____ Cell Phone #: (_____) _____

Mother's Occupation: _____ Bus. Phone #: (_____) _____

Bus. Address: _____ Employer: _____

E-mail: _____ Cell Phone #: (_____) _____

List Three Credit References: _____

Child's Previous School Experience and Year Attended: _____

Previous Swimming Experience: _____ Where: _____

Church Affiliation: _____ Minister: _____

Pediatrician: _____ Address: _____ Tel. #: _____

Please list ANY allergies and intolerance to food, medication, or any other substances that your child may have, if any, and what actions to take in an emergency situation: _____

Please give the name, address, and telephone number of two people we can call in case of emergency if parents cannot be reached.

These should be people outside of the immediate family. Example: grandparents, aunts, uncles, etc.

Name: _____ Address: _____

Tel. #: _____ Relationship to Child: _____

Name: _____ Address: _____

Tel. #: _____ Relationship to Child: _____

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AGREEMENTS:

1. The parent/guardian will give individual authorization for the child to participate in specific field trips, and agrees to keep the school up-to-date regarding any changes in address, telephone numbers, persons to contact, medical problems of the child, etc.
2. The school agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to pick the child up as soon as possible after being notified that the child is sick. In turn, Parent/Guardian agrees to notify the school within 24 hrs or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
4. Jack and Jill reserves the right to dismiss a child with a week's notice if the director determines that the child is not able to benefit from the school's program.
5. Parent/guardian agrees to give this school's director, 2 weeks written notice in advance of withdrawal of the child and agrees to make full payment for those two weeks—even if the parent decides to take the child out of this school without having given such notice.
6. **All fees are due on Monday of the current week. There is a \$10 late fee charged for payments received after Monday. A \$25 fee will be charged the parent/guardian for any checks returned by the bank for any reason.**
7. By signing below, the parent/guardian acknowledges and understands that this school is operated on a pre-determined budget, and that the weekly fees must be paid to the school whether or not the child is in attendance. There is no waiver or deduction of fees caused by parent holiday, vacation, the child's illness, or any other reason.
8. An up-to-date health certificate for your child must be provided to this school upon application acceptance.
9. **Tuition rates are effective as of June 1st annually.**
10. Custody Papers shall be attached if parent is not allowed to pick up the child.
11. NOTE: Section 22:1-4.3 of the Code of VA states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care.

Summer camp will be closed the week of Aug. 12-16, 2019. Camp will reopen on August 19, 2019.

_____ (Signature of parent/guardian)

By signing the above, the parent/guardian acknowledges and understands that this school is operated on a pre-determined budget and the weekly fees must be paid to the school whether or not the child is in attendance. There is no charge for the week school is closed for vacation in August. THERE IS NO WAIVER OR DEDUCTION OF FEES CAUSED BY PARENT HOLIDAY, VACATION, THE CHILD'S ILLNESS, OR ANY OTHER REASON.

IDENTITY VERIFICATION (These Documents Must Be Shown to Jack and Jill's Director)

Place of Birth: _____ Birth Date: ____/____/____
Birth Certificate Number _____ Date Issued: ____/____/____
Other Form of Proof: _____
Term Registered: (Day) _____ (Month) _____ (Year) _____

I WISH TO ENROLL MY CHILD FOR THE FOLLOWING:

All Summer

1st Session 6/10-6/21

2nd Session 6/24-7/5

3rd Session: 7/8-7/19

4th Session 7/22-8/2

5th Session 8/5-8/9 (one week)

**Camp Closed for
Vacation: 8/12-8/16**

Reopen: 8/19-8/30