

Registered Date and Time \_\_\_\_\_  
Tuition paid \$200/week for weeks 1-4 (no aftercare) \_\_\_\_\_  
Tuition paid \$245/week for weeks 1- 4 (with aftercare) \_\_\_\_\_



## College Heights ECLC 2022 Summer Enrichment Program Registration Form

Enrollment requirements: Our summer enrichment program is open to any student who is currently enrolled in the College Heights preK program.

### Directions:

- 1) Complete registration and financial forms. **Registration is limited to the first 40 students enrolled.** Registration is first come, first serve. There must be a minimum of 10 campers. Parents will be notified no less than two weeks prior to the week if camp has been cancelled due to low enrollment.
- 2) Submit completed forms with non-refundable payment. Parents may submit forms through email, USPS or drop it off at the school. Please email to Caretha Hall at [cahall@csdecatur.net](mailto:cahall@csdecatur.net)
- 3) Tuition is \$200/week. Tuition includes breakfast, lunch, and afternoon snacks. Tuition is due at the time of registration. Tuition may be paid by check, money order or credit card.
- 4) After care services are available from 5:00-6:00 at a cost of \$45/week. After care must be paid at the time of registration.
- 5) Confirmation letters will be sent to the first 40 students enrolled. If you are waitlisted you will be notified upon submission of your application.

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Parent/Guardian Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

**My child can only be released to the following person(s) without additional consent from a parent/guardian:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT'S AUTHORIZATION

As the parent/guardian of the camper, I authorize \_\_\_\_\_ (camper's name) to attend and participate in all prescribed College Heights ECLC camp activities. I give permission to the Camp Director and any other designated camp staff to administer first aid and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please indicate which week(s) your child will be attending Summer Camp  
**There is a maximum of 40 spots available for each week. Registration is based on first come first serve.**

Camp Week	Camp Dates	Aftercare needed (5:00-6:00) *	Parent Initial
1	June 6-10		
2	June 13-17		
3	June 20-24		
4	June 27-July 1		

- **Aftercare is at a cost of \$45/week and students must be pre-registered.**

**STUDENT HEALTH INFORMATION**

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Does camper have any chronic or recurring illness or conditions?  
\_\_\_\_\_

Should any activities be limited?  
\_\_\_\_\_

Current medications(s) (a separate medication authorization form must be completed)  
\_\_\_\_\_

Does the child require an Epi pen? (circle one) Yes No (If yes, please provide to school nurse)

Does the child require an Asthma Inhaler? (circle one) Yes No (If yes, please provide to school nurse)

Allergies: \_\_\_\_\_

Important: For asthma, diabetes, seizures and severe allergies, please complete a care plan. See CSD website care plans ([www.csdecatur.net/schoolhealth](http://www.csdecatur.net/schoolhealth)). Please return care plan to the school nurse.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**College Heights Early Childhood Learning Center  
Summer Enrichment Program  
Statement of Understanding**

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Please initial each statement below and sign at the bottom.

\_\_\_ 1. I understand there must be a minimum of 10 campers Parents will be notified no less than two weeks prior to the week if camp has been cancelled due to low enrollment.

\_\_\_ 2. I understand that my camper is not to bring anything to camp that will be extremely upsetting if it is lost, stolen or broken.

\_\_\_ 3. I understand that camp hours are until 7:30 a.m.-5:00 p.m. Aftercare services are available from 5:00-6:00 at a weekly rate of \$45. If your child is not registered for aftercare services, a late fee will occur for any child being picked up after 5:00 p.m. Late fee is \$1 per minute charged to the parent and payable at the time the child is picked up.

\_\_\_ 4. I understand all tuition payments are **non-refundable**.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

## **Authorization to Dispense External Preparations**

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

I hereby give College Heights ECLC personnel permission to apply one or more of the following products in accordance with directions on the container (check all that apply). I am aware that I must provide all appropriate products to my child's camp counselor and all products will be labeled with the child's first and last name.

\_\_\_\_\_ Sunscreen/sunblock with UVB and UVA protection of SPF 15 or higher.

\_\_\_\_\_ Insect repellent containing DEET for children over 2 months of age no more than once a Day when necessary.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date