



# 2009 SUMMER CAMP REGISTRATION



## POLICIES

**Registration:** Your registration is not complete until KiDazzles has received all required paperwork and payment. Registration is subject to availability.

**Deposits and Payment:** A 50% deposit is due at registration and the balance is due by May 29, 2009. **NO STUDENT CAN START CAMP UNTIL FULL PAYMENT IS RECEIVED.**

**Refunds:** Tuition is refundable until the first day of your scheduled session, less a \$100 administrative fee. No refunds thereafter.

**Make-ups:** We are not able to offer make-ups for missed days.

**Sick Kids:** We reserve the right to send home any child with a fever or who otherwise appears to be infectious.

**Changes and Cancellations:** We reserve the right to cancel a class and offer full refunds if fewer than 3 children are registered for any session.

**Drop-off and Pick-up:** A responsible adult must sign your child in and out each day in the waiting room. Regardless of the time of sign-in, parents remain responsible for their child until the beginning of camp. We ask that you remain in our waiting area until campers are picked up by a staff member. Children must be signed out within 10 minutes of the end of the camp day. Parents will be assessed a late pick-up fee of \$15 per child per 15 minute interval thereafter until the child is picked up.

**Medical Needs:** We cannot store or administer medicines to children or participate in toileting.

## REGISTRATION

### Preschool Pals (3's & 4's)

Days: Monday - Thursday  
Time: 9:00 - 10:30 am  
Dates: Jun 29 – Aug 21  
Price: \$225/week – minimum 6 weeks

### Preschool Pals (4's & 5's)

Days: Monday - Thursday  
Time: 11:00 - 12:30 pm  
Dates: Jun 29 – Aug 21  
Price: \$225/week – minimum 6 weeks

### Kindergarten Readiness Boot Camp

Days: Tuesday & Thursday  
Time: 1:00 – 3:00 pm  
Dates: Jun 29 – Aug 6  
Price: \$150/week – minimum 5 weeks

### Brain Games

Days: Tuesday & Thursday  
Time: 3:00 – 4:00 pm  
Dates: Jun 29 – Aug 6  
Price: \$75/week – minimum 5 weeks

### Elementary Horizons

Days: Monday and Wednesday (Rising 1<sup>st</sup> Graders)  
Tuesday and Thursday (Rising 2<sup>nd</sup> Graders)  
Time: 11:00 am – 12:30 pm  
Dates: July 27 – Aug 20  
Price: \$425 for all 4 weeks



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### Socialites

Days: Wednesdays  
Time: 5:00 pm – 6:00 pm  
Dates: July 1 – Aug 12  
Price: \$425 for all 7 weeks

### Articulators

Days: Wednesdays  
Time: 3:30 pm – 4:30 pm  
Dates: July 1 – Aug 12  
Price: \$425 for all 7 weeks

### Sensory Adventure Camp

Days: Monday and/or Wednesday  
Time: 1:00 – 2:00 pm  
Dates: Jun 29 – Aug 6  
Price: \$225 for 1 day/week or  
\$400 for both days for the entire session

### Art Camp

Days: Monday and/or Wednesday  
Time: 2:00 – 3:00 pm  
Dates: Jun 29 – Aug 6  
Price: \$125 for 1 day/week or  
\$225 for both days for the entire session

### Yoga Adventures

Days: Tuesday and/or Thursday  
Time: 1:00 – 2:00 pm  
Dates: Jun 29 – Aug 21  
Price: \$125 for 1 day/week or  
\$225 for both days for the entire session

### Young Explorers

Days: Tuesday and/or Thursday  
Time: 2:00 – 3:00 pm  
Dates: Jun 29 – Aug 21  
Price: \$300 for 1 day/week or  
\$525 for both days for the entire session

### Lunch Bunch

Days: Monday - Thursday  
Time: 12:30 – 1:00 pm  
Dates: Jun 29 – Aug 21  
Please provide your child with a **NUT FREE** bagged lunch to enjoy with our staff as we prepare for the afternoon adventure.



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### CHILD & MEDICAL INFORMATION

Child's Last Name	Child's First Name	Child's Nickname	Sex	Date of Birth
Child's Address (City, State, Zip Code)				Home Phone
Is there another child your child would like to be grouped with? If yes, please tell us who.				
Child's Physician	Physician's Phone	Does your child have allergies? <b>Y N</b> If yes, please describe and indicate precautions and emergency procedures on separate sheet.		
Is your child under a physician's care/treatment or taking medications on a regular basis? <b>YES NO</b> If yes, please provide details.				
Please indicate your child's specific diagnosis:				
Please let us know the strengths and needs of your child as they relate to a group setting. What do you hope your child will accomplish/learn at camp? Please feel free to include any information that you would like to share:				

### PARENT GUARDIAN INFORMATION

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Address (City, State, Zip Code)			
Billing Address (if different)			
Employer	E-mail Address		Do you have legal custody of child? <b>YES NO</b>
Person/Agency with Legal Custody if Different from Above	Home Phone	Work Phone	Cell Phone:
Home Address (City, State, Zip Code)			Employer



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**EMERGENCY INFORMATION (2 adults other than parent/guardian authorized to pick up child.)**

1. Name	Relationship	Work Phone	Home Phone	Cell
Home Address (City, State, Zip Code)				
2. Name	Relationship	Work Phone	Home Phone	Cell
Home Address (City, State, Zip Code)				
<p><b>The Following person is NOT Authorized to Pick Up Participant*:</b> (Please provide name and relationship)</p> <p>*Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child.</p>				

**RELEASES - Please read carefully and initial where required.**

**EMERGENCY MEDICAL RELEASE (please initial one of the following)**  
 In the event of injury or serious illness, I give permission for KiDazzles' staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the call.  
**OR**  
 In the event of injury or serious illness, I do not give permission for KiDazzles' staff to obtain medical treatment for my child. Instead, I instruct KiDazzles' staff to (please provide specific instructions below):  
 \_\_\_\_\_  
 \_\_\_\_\_

**LUNCH BUNCH**  
 By signing below, I acknowledge that KiDazzles will attempt to provide a food allergen free environment for all campers, however KiDazzles will not be held liable should an incident occur.

**PHOTOGRAPHIC RELEASE**  
 By signing below, I give permission to KiDazzles to use photographs and videos of my child in any and all publications and other media without limitation for the limited purpose of publicity and advertising to increase awareness of KiDazzles programs.

**LIABILITY RELEASE**  
 By signing below I absolve KiDazzles of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that KiDazzles can only be responsible for my child during the days and times that he/she has been properly checked in and that KiDazzles will not be responsible for my child when he/she is traveling to and from the camp.

**SIGNATURE**

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and that I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_