

Kid's Place A Place For Kids To Be II, Inc. West Center Camp 2017

Child's Name _____ Date of Birth _____ School Child Attends _____
Grade as of 9/1/17 _____ Child's Gender _____ With whom does the child reside _____
Guardian 1 _____ Relationship to child _____
E-mail Address _____ Employer _____
Home Address _____ Daytime Phone _____ EXT _____
Eve phone _____ Cell _____
Guardian 2 _____ Relationship to child _____ E-mail Address _____
Employer _____ Home Address _____
Daytime Phone _____ EXT _____ Eve phone _____ Cell _____
Emergency Contact Name (other than parent person will be able to pick child up from center) _____
Relationship to child _____ Phone Number during center hour's _____
Please list any information you feel may help your child adjust to the program. (Divorce, separation, custody issues, order of protection) If your child has special health care needs this must be discussed with the staff during the enrollment process. Additional medical paperwork may need to be completed. _____

List all persons authorized to pick up child at the end of the day. Include yourself if appropriate. **ONLY THOSE LISTED MAY PICK UP YOUR CHILD! You may write your child's name if you would like them to sign themselves out at the end of the day. (Please Print)**

Payments must be made prior to the child's attendance at the program. All fees are due in full by June 1, 2017. I understand that any change to my child's schedule, will result in a \$25 change of schedule fee for each occurrence. A one-week deposit as well as a \$40 registration fee is due with this application. ALL FEES ARE NON-REFUNDABLE.

NYS Department of Health requires all children submit a properly completed medical form to the center before any child may attend the program. No adjustments will be made to fees due to absence for any reason including failure to supply the properly completed medical form, illness, or failure to adjust to the program. I understand that Kid's Place A Place For Kid's To Be II, Inc staff will make every effort to provide a positive experience for my child. However, if my child cannot live within the rules of the center or if her/ his behavior adversely affects the experience of other children, I understand s/ he will be dismissed. The center will not refund any fees. I further understand that as the Parent/ Guardian my behavior may be the cause of dismissal from the center. Kid's Place A Place For Kids To Be II, Inc., reserves the right to cancel any activities due to occurrences beyond their control. Kid's Place A Place For Kids To Be II Inc. has my permission to take photos of my child, which can be used in promotions I understand that neither my child nor I will be compensated for these promotions. The Program does not administer medication. The program has my permission to take my child on trips inside or away from the center. I consent to the enrollment of the child listed above and have been advised of the policies regarding administration of medication, program fees, transportation and services provided. I also grant the program permission to seek emergency medical treatment for my child with the understanding I will be notified as soon as possible.

I _____ am the custodial Parent or Legal Guardian of the above named child. I acknowledge that I am responsible for providing any and all court documentation in the event there is shared custody or any restrictions for a Parent / Guardian. I have been given a copy of the centers policies. I will discuss these policies with my child. I have read the fee schedules and agree to abide by them.

As the guardian of the above child I hereby grant my child permission to participate in Kid's Place program activities and events. I will review the daily schedule and make myself aware of items my child will need to fully participate in activities. I understand that submitting this form is securing a seat for my child in the weeks that have been selected. There are no refunds for any changes to my child's schedule. Any changes made after June 1, will result in a \$25 administrative fee. A one week deposit as well as the registration fee is payable with this application.

Signature _____ Date _____ Relationship to child _____

Week	Theme	Extended
6/26	Science/ Messy Play	Yes No
7/3	Double Dutch/ Cooking	Yes No
7/10	Paint with what? / Stem Activities	Yes No
7/17	Let's Make music/ Games, Games, Games	Yes No
7/24	Legos/ Snack Attack	Yes No
7/31	Sports/ Crazy concoctions	Yes No
8/7	Nature / Wet and Wild	Yes No
8/14	Mixed bag/ Sports	Yes No
8/21	Legos/ Games Galore	Yes No
8/28	Summer Flashbacks	Yes No

9am to 4pm \$130 weekly

4pm – 6pm \$30 weekly Siblings \$60 weekly

Choose which session your child will be attending from below
Camp is closed on July 4th

Sibling Discount 10% off program fees when enrolled during the same week when registered and paid in full
be June 1, 2017.

Refer a Friend- \$10 discount off of each week's family fee when a friend enrolls writing your name in the
referred area. This must be a new family to the program that has not been previously enrolled.

Number of weeks _____ x \$130 + Extended Fee _____ Registration Fee \$40

Total Due \$ _____

Children may not attend the session unless payment is made by the Friday prior to the week of attendance.

Office use Only-----

Date registered _____ Deposit Check # _____ Amount \$ _____ Name of Siblings _____ Referred by _____

Payment arrangements
