

\$35.00 Non-Refundable Registration Fee Required
Security Deposit Required *New Student ONLY*

Summer Camp 2024

Paid Registration: \$ ____
Security Deposit: \$ ____
Cash \$ or Check #: ____
Grade: ____
Group: ____

Child's Name: _____

Parent/Guardian Name(s): _____

Address: _____

Phone #: (Home) _____ (Work) _____ (Cell) _____ (Cell) _____

Child's DOB: _____ Age: _____ Current Grade as of 2023-2024: _____

Driver's License #: _____ E-Mail: _____

Referred By: _____

PLEASE CHECK OFF THE FOLLOWING WEEKS YOUR CHILD WILL ATTEND SUMMER CAMP:

****6 Week Minimum****

| <u>JUNE</u> | <u>JULY</u> | <u>AUG</u> |
|---|---|--|
| 24 th – 28 th _____ | 1 st - 5 th ** _____ | 5 th - 9 th _____ |
| | 8 th - 12 th _____ | *12 th - 16 th _____ |
| | 15 th -19 th _____ | 19 th – 23 rd _____ |
| | 22 nd – 26 th _____ | 26 th – 30 th _____ |
| | 29 th – Aug. 2 nd _____ | |

*Closed Thursday July 4th – Friday July 5th, 2024

*Closed Monday, August 12th, 2024

*1st Day of School is TBD

PLEASE CHECK OFF THE DAYS OF THE WEEK YOUR CHILD WILL ATTEND SUMMER CAMP:

MON. _____ TUES. _____ WEDS. _____ THURS. _____ FRI. _____

Start Date: ____/____/____

Complete this section below if DHS (CCAP) childcare assistance applies:

No child can start without a valid certificate number. DHS Certificate #: _____

****All children need a current updated immunization record, the general information form completely filled out and all applicable payments submitted by their start date.

***I understand that my security deposit will be used for my last week of childcare and that I will be paying my child's tuition payments by the Friday prior to the week your child is attending.

Liddle Tots II Teen Summer Camp Policy

Please take a minute to review and initial each policy. Please sign and return to Liddle Tots II Teen.

Initial:

_____ **Tuition: Tuition Payments must be made by the Friday prior to the week your child is attending.** If you signed your child up for specific weeks, you are responsible to pay for those weeks whether your child is absent, out sick, dismissed early, late arrival, the facility is closed due to a legal holiday, inclement weather (power outage). **If a payment is not made, a \$10 late fee will be imposed each week the payment is late. I understand my child will not be able to attend camp the following week until the tuition balance is paid in full.**

Please indicate how you will be making your payments:

Weekly: _____ Bi-weekly: _____ Monthly: _____

***Bi-weekly and monthly payments must be made on the first Monday of each bi-week/month.*

_____ **Hours of Operation: Monday-Friday (7:00am – 5:30pm)**

Our summer camp hours are from 7:00 am to 5:30 pm. **Please respect camp hours!** If extended care hours have not been prearranged, there will be a no-call late fee of \$10 for the first 15 minutes and \$1.00 per minute thereafter.

_____ **Lunch:** Please send a bagged lunch and EXTRA snacks and water with your child EVERYDAY.

Please bring your own lunch, water bottle, and EXTRA snacks

Registration Fee: \$35.00 for first child; \$15.00 each additional child

Security Deposit: \$260.00 / \$494.00(sibling) This will be held for your last week of camp.

Summer Camp Tuition: \$260.00 per child

Sibling Discount Tuition: \$234.00 per child for more than one child

Parent Signature: _____

Date: ____/____/____