

Summer Camp Parent Agreement

In the event of an emergency, the school has my permission to administer first aid or any other emergency treatment in the best interest of the child. I agree to pay all expenses incurred due to an emergency involving my child.

I will advise the school immediately of any changes in address or telephone numbers at home, business or emergency contacts and numbers so that the school can reach me at all times.

I consent to have my child leave the premises of Absorbent Minds Day Camp to participate in excursions to places of interest as highlighted in the camp information sheet. It is understood that supervision will be provided by members of the staff of the camp and every precaution will be taken for the safety of my child. In the event of an accident or injury, Absorbent Minds Day Camp and all staff members are hereby released from any and all liability.

I understand that the safety of all children is of primary concern. The provision of this service is conditional on both my child's compliance with the Code of Behavior and my treatment of the school and its staff. I understand that behavior that poses a safety hazard for the other children or the staff will not be accepted and could result in immediate withdrawal or temporary suspension of service, without a refund of fees.

I agree to pay a late pickup fee of \$5.00 per child for each fifteen-minute period after 6.00pm unless I have informed the school of an emergency situation. This amount is to be paid in cash the same day directly to the staff on duty.

I understand that there is no reduction or refund of fees during my child's absence from the Summer Camp, for any reason. Provided my fees are paid up-to-date for the week(s) that I have selected, my child's space will be reserved during any absences. If these fees are not paid in advance, I understand that my child's enrollment could be discontinued.

As a parent, I understand that my behavior and treatment towards the school, its staff and students is an important part of our overall program. Should the Director and/or a staff member and/or other parent(s) find my behavior towards the school or its members unacceptable, the Director at his/her discretion may withdraw or suspend my child's registration without notice.

**I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE POLICIES.
THIS AGREEMENT IS SUBJECT TO CHANGE WITH TWO WEEK'S NOTICE.**

I, _____, hereby make an application to enroll the above-mentioned child into Absorbent Minds. My child and I understand and agree to abide by the policies and regulations. I hereby release Absorbent Minds and it's representatives from all claims arising from any accidents or injury, which are caused by or arise from participation by my child named herein during any program or in any facility or at any location at which a program is held.

PRINT parent name Signature of parent Date

Absorbent Minds-Summer Camp 2017

Child's Name: _____
Date of Birth ____/____/____ M/D/Y GRADE LEVEL _____
Address: _____

Mother's Name: _____ Home Phone (____) _____
Office (____) _____ Cell (____) _____
E-mail: _____

Father's Name: _____ Home Phone: (____) _____
Office (____) _____ Cell (____) _____
E-mail: _____

In an emergency, my child may be released to the person named below:
Name _____ Phone Number (____) _____

Medical Information

Doctor's Name: _____
Phone No. (____) _____
Address: _____
Allergies: Dietary Restrictions:

Physical and or Emotional conditions:

Parents Signature: _____ Date: _____

Camper Media release

I, _____, hereby give consent to my child _____ being photographed at school for use on the school website YES/NO, for use on the school notice boards YES/No for school brochures YES/NO

Parents Signature: _____ Date: _____