

SPRING BREAK CAMP

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Age: \_\_\_\_\_ ELC: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Non – Refundable Registration fee \$55.00 / family**

*Return this form with: Reg. fee, 1<sup>st</sup> week in full*

**Weekly Camp - 7:15 a.m. – 7:00 p.m. - \$175.00 PER WEEK**

**March 13 – 17, 2023**

**\*\*\*\*\* PLEASE READ BEFORE SIGNING \*\*\*\*\***

**I understand that by signing this application and placing a deposit for camp, I am committed to paying for the week selected whether or not my child attends. There are no refunds once I agree to place my child in camp.**

**I understand there are limited spaces in camp and by signing this application I have accepted my child's space in the week chosen by me.**

**Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Does your child have any allergies, food restrictions or medical problems?

\_\_\_\_\_

If parents cannot be reached in an emergency, the following people should be contacted:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

## SPRING BREAK CAMP

**Photo Release**

I, \_\_\_\_\_ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below.

	Grant	Do not grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on facility's website	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's bulletin boards, show to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>

**Field Trips**

I grant permission for my child to participate in any scheduled "off-campus trips" and agree to hold harmless Gallop's Family Center, Inc. and its agents.

(Please initial) \_\_\_\_\_

**Refunds**

**I understand that there are NO REFUNDS for late arrival, early departure, or emergency closure of camp, or if the camper is dismissed due to disciplinary action. I am responsible for all weeks in full once a deposit has been paid and for all weeks chosen by me whether my camper attends or not.**

**Tuition**

I, \_\_\_\_\_, am agreeing to register my child for summer camp and understand the policies outlined on this application. I agree to pay all tuition for each week chosen by me. I understand all payments will be charged through the app Brightwheel. Check payments have a processing fee of .60 and credit/debit cards are charged 2.9%.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_