

FAIRMOUNT EARLY CHILDHOOD CENTER
2024 CAMP CONTRACT PRESCHOOL- Age 3

CHILD'S FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ / _____ / _____ Male or Female

ADDRESS: _____ Apt. # _____

CITY & ZIP CODE: _____

PARENT/GUARDIAN'S NAME: _____

RELATIONSHIP TO CHILD: _____ CELL PHONE: (_____) _____ - _____

PARENT/GUARDIAN'S EMAIL: _____

PARENT/GUARDIAN'S NAME: _____

RELATIONSHIP TO CHILD: _____ CELL PHONE: (_____) _____ - _____

PARENT/GUARDIAN'S EMAIL: _____

Child's current school of attendance: _____

Please indicate any health or other conditions, allergies, dietary needs that we should be aware of:

DOES YOUR CHILD KEEP KOSHER? Yes or No

WEEKS ATTENDING (please check all that you want to register for):

- _____ Week 1: June 10-14
 - _____ Week 2: June 17-21 (No camp Wednesday, June 19)
 - _____ Week 3: June 24-28
 - _____ Week 4: July 1- July 5 (No Camp Thursday, July 4)
 - _____ Week 5: July 8-12
 - _____ Week 6: July 15-19
 - _____ Week 7: July 22-26
-

☐ **PRESCHOOL—9:00 AM – 1:00 PM**

<u>NUMBER OF WEEKS</u>	<u>RESIDENT</u>	<u>NON-RESIDENT</u>	<u>TOTAL</u>
1 Week:	\$210	\$235	\$ _____
2 Weeks:	\$400	\$445	\$ _____
3 Weeks:	\$580	\$645	\$ _____
4 Weeks:	\$735	\$835	\$ _____
5 Weeks:	\$890	\$1,005	\$ _____
6 Weeks:	\$1,020	\$1,160	\$ _____
7 Weeks:	\$1,135	\$1,300	\$ _____

*Beforecare and aftercare will be run through Apollo After School.

SUB TOTAL FEES \$ _____

LESS EARLY BIRD -\$ _____
(if received before March 8, 2024)

TOTAL FEES DUE \$ _____

LESS \$100 DEPOSIT -\$ _____

Date Deposit Paid: _____

MASTERCARD / VISA / DISCOVER / CASH

REMAINING AMOUNT DUE \$ _____

Remaining camp fees must be paid in full by **June 5, 2024**. A non-refundable deposit of \$100 must accompany this completed contract for registration. The early bird discount only applies when the deposit is paid **BEFORE** March 8, 2024 and only if children are registered for **3 or more** weeks of camp.

Parent Signature: _____ Date _____

Director Signature: _____ Date _____

****PLEASE LIST TWO CHILDREN ATTENDING CAMP IN THE SAME AGE GROUP WITH WHOM YOU WOULD LIKE YOUR CHILD PLACED. (AT LEAST ONE FRIEND WILL BE GUARANTEED)

PLEASE NOTE, THAT IF THIS SECTION IS LEFT BLANK, YOUR CHILD'S PLACEMENT WILL BE UP TO THE DIRECTOR'S DISCRETION. NO CHANGES WILL BE ACCEPTED AFTER MAY 24th

1) _____ 2) _____

Emergency Medical Authorization: Fairmount Early Childhood Center Summer Camp 2024

Child Last Name: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ - _____ Date of Birth: ____/____/____

Parent's Name: _____ Cell Phone #: (____) _____ - _____

Parent's Name: _____ Cell Phone #: (____) _____ - _____

In an emergency, the following have my permission to be contacted and my child released to:

1. Name: _____

Relationship: _____ Phone #: (____) _____ - _____

2. Name: _____

Relationship: _____ Phone #: (____) _____ - _____

Attention: Please list accurate, up-to-date facts concerning the child's medical history, health status, allergies, food restrictions and medications. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Please check one section- part 1 or part 2 AND sign below.

In the event reasonable attempt to contact me or the other persons listed on this form have been unsuccessful:

Part 1:

☐ I grant consent. I hereby grant consent for (1) the administration of any treatment deemed necessary by:
Doctor's Name: _____ Phone #: (____) _____ - _____

Dentist's Name: _____ Phone #: (____) _____ - _____

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, and obtained prior to the performance of surgery.

Part 2:

☐ I refuse to grant. I do not grant consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Pick-up Permission 2024

Child's Name: _____

In addition to the parent/guardians the following adults have permission to pick up my child from camp. Please list any names of adults that you authorize to pick up your child from camp. (18 years of age or older).

	Adult's Name	Relationship	Phone Number
1			
2			
3			
4			
5			

* If the adult is another camper's parent please indicate the other child's name as well.

Parent's Signature

Date

PERMISSION FORMS

Child's Name: _____

FIELD TRIPS

My child has permission to participate in field trips planned for the Fairmount Summer Camp. I understand transportation for the field trips will be provided by Beachwood City School buses and notification of specific trips will be forthcoming once details are finalized.

Parent Signature

Date

SWIMMING FORM

My child has permission to walk to the Beachwood Aquatic Center to participate in free swim activities.

☐ My child has taken swimming lessons
and is beginning to swim

☐ My child has not taken swimming
lessons and is not a swimmer yet

Parent Signature

Date

SUNSCREEN APPLICATION

My child has my permission to wear the sunscreen I provide to the Fairmount Summer Camp. I understand the following with regards to the sunscreen application policies:

- I must first apply it to my child at home, and that the counselor will help assist and supervise my child in re-applying it.
- I need to provide the sunscreen for my child and that it needs to be in an unbreakable, original container that is clearly labeled with my child's name. There is no sharing of sunscreen among campers and sunscreen is not automatically provided for my child.

Parent Signature

Date

PERMISSION TO RELEASE

- ☐ As the parent/guardian of the child listed above, I hereby **give permission** to print my child's name, parent names and email addresses on a group list to be released to other parents enrolled in our program.
- ☐ As the parent/guardian of the child listed above, I hereby **deny permission** to print my child's name, parent names and email addresses on a group list to be released to other parents enrolled in our program.

Parent Signature

Date

PUBLICITY RELEASE

At various times newspaper photographers/reporters and/or television camera crews **MAY** come to Fairmount Early Childhood Center for special events/projects. Photographs may also be used for publicity (advertisement, website, etc.) Parental permission is needed for your child to be a part of this community publicity.

- ☐ As the parent/guardian of the child listed above, I hereby **give permission** for my child to participate in any publicity that may occur at Fairmount Early Childhood Center Summer Camp.
- ☐ As the parent/guardian of the child listed above, I hereby **deny permission** for my child to participate in any publicity that may occur at Fairmount Early Childhood Center Summer Camp.

Parent Signature

Date