

**FAIRMOUNT EARLY CHILDHOOD CENTER  
2021 CAMP CONTRACT PRESCHOOL- Age 3**

CHILD'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male or Female

ADDRESS: \_\_\_\_\_ Apt. # \_\_\_\_\_

CITY & ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER'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

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

- Week 1: June 14-18
- Week 2: June 21-25
- Week 3: June 28- July 2
- Week 4: July 6- July 9 (No Camp Monday, July 5)
- Week 5: July 12-16
- Week 6: July 19-23
- Week 7: July 26-30

PRESCHOOL- 9:00 AM - 12:00 PM

<u>NUMBER OF WEEKS</u>	<u>RESIDENT</u>	<u>NON-RESIDENT</u>	<u>TOTAL</u>
1 Week:	\$140	\$155	\$ _____
2 Weeks:	\$270	\$300	\$ _____
3 Weeks:	\$390	\$435	\$ _____
4 Weeks:	\$500	\$560	\$ _____
5 Weeks:	\$600	\$675	\$ _____
6 Weeks:	\$690	\$780	\$ _____
7 Weeks:	\$770	\$875	\$ _____

SUB TOTAL FEES \$ \_\_\_\_\_

LESS EARLY BIRD -\$ \_\_\_\_\_  
(if received before April 2, 2021)

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 9, 2021**. 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** April 2<sup>nd</sup> and only if children are registered for **3 or more** weeks of camp. Additional fees will be billed.

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 28<sup>th</sup>

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Emergency Medical Authorization: Fairmount Early Childhood Center Summer Camp 2021**

Child Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father'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 practioner 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:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Pick-up Permission 2021

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

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## 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

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## 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 FORMS

Child's Name: \_\_\_\_\_

## 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

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## 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