

## Smart Toddlers Summer Camp Registration Form

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and Zip Code \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Phone Numbers \_\_\_\_\_ (home) \_\_\_\_\_ (cell)  
E-mail Address \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Phone Numbers \_\_\_\_\_ (home) \_\_\_\_\_ (cell)  
E-mail Address \_\_\_\_\_  
Child resides with \_\_\_\_\_

### **SMART TODDLERS SUMMER CAMP TUITION AGREEMENT**

Smart Toddlers Summer Camp is available Monday through Thursday from 9:00 AM to 1:00 PM, June 1 through July 22, 2010.

I / we agree to assume the financial responsibility for Smart Toddlers Summer Camp payments for the summer of 2010 for the student listed above. I/we understand that the first payment is due by June 1, 2010.

I have marked below the tuition payment plan that I will follow during Summer Camp. There will be no reduction of fees for students for additional scheduled or non-scheduled absences. I/we further understand that checks returned from the bank for insufficient funds will necessitate a \$35.00 returned check fee.

A \$10.00 late fee will be added to each payment received after the due date. I/we realize that failure to meet this financial agreement will result in a child's removal from Smart Toddlers Summer Camp.

Tuition Payment Options (parent provided lunch)

1. \_\_\_\_\_ Full payment, \$820.00 (\$20.00 discount), due by June 1, 2010 or \$717.50 if utilizing 1 week vacation option.
2. \_\_\_\_\_ Full time - 2 payments, \$420.00 each, due June 1, 2010 and July 1, 2010 or \$367.50 each if utilizing 1 week vacation option.
3. \_\_\_\_\_ Part-time, see Payment Information sheet for 1-3 days and enter elected tuition payment option: \_\_\_\_\_

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

Date \_\_\_\_\_

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**Emergency Permission:** In the event of an emergency, if no one with parental authority can be reached, I give permission for Smart Toddlers owners, to act on my behalf in securing necessary medical treatment. I will be responsible for any expense that may be incurred.

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State \_\_\_\_\_

Allergies \_\_\_\_\_  
Special Instructions \_\_\_\_\_

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

For Office Use ONLY: Registration Date \_\_\_\_\_ Check/Cash Receipt # \_\_\_\_\_  
Amount Paid \_\_\_\_\_ Date of Admission \_\_\_\_\_

**SMART TODDLERS SUMMER CAMP PICK UP & PHOTOGRAPHY AUTHORIZATION**

Please list yourself, your spouse, the names of two emergency contact persons, and any other person(s) that you wish to give permission to pick up your child from Smart Toddlers Summer Camp. Additional requests need to be made in writing and given to your Smart Toddlers Summer Camp Instructor.

Smart Toddlers Summer Camp staff reserves the right to ask for photo identification from any person wishing to pick up a student at anytime.

Please inform the Director of any custodial issues concerning your child/children.

Student's Name \_\_\_\_\_

| Name      | Phone Number(s) | Relationship to Child |
|-----------|-----------------|-----------------------|
| 1. _____  |                 |                       |
| 2. _____  |                 |                       |
| 3. _____  |                 |                       |
| 4. _____  |                 |                       |
| 5. _____  |                 |                       |
| 6. _____  |                 |                       |
| 7. _____  |                 |                       |
| 8. _____  |                 |                       |
| 9. _____  |                 |                       |
| 10. _____ |                 |                       |

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

\* Please note that only those persons listed on this sheet will be permitted to pick-up your child unless an additional written request is made with your Smart Toddlers Summer Camp Instructor.

**PHOTOGRAPHY RELEASE**

We will have opportunities to photograph or video your child as they participate in the Smart Toddlers Summer Camp. These photographs and video clips may be used for bulletin boards, classroom crafts, group pictures, special activities, press releases, and/or promotion of the program.

Please check the appropriate section and sign below.

\_\_\_\_\_ I give permission for my child to be photographed by Smart Toddlers personnel.

\_\_\_\_\_ I do not give permission for my child to be photographed by Smart Toddlers personnel.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_