



CAMP EARLY IMPRESSIONS 2020 SUMMER APPLICATION

Child's Name: _____ Birth Date: _____
(Last, First, Middle Initial)

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Mother's Name: _____ Employer: _____

Work Number: _____ Driver's License Number: _____

Father's Name: _____ Employer: _____

Work Number: _____ Driver's License Number: _____

Please place a mark next to the week in each box that you are reserving for your child: ** (MINIMUM OF 6 WEEKS)

SESSION 1	SESSION 2	SESSION 3
June 8	July 6	August 3
June 15	July 13	August 10
June 22	July 20	August 17
June 29	July 27	*August 24 – August 27

*The last week of camp is a 4-day week

Please place a mark in the box below the days your child will attend: MINIMUM OF 2 DAYS PER WEEK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
HALF DAYS					
FULL DAYS					

Previous camp and school experience _____

What grade will your child **complete** in June of this school year? _____

Any additional information (medical or other) that would help us better care for your child _____

IMPORTANT – PLEASE READ CAREFULLY – TUITION POLICY

***To register, your schedule for summer camp requires SIX (6) weeks minimum attendance (2-5 days per week). Your child can attend camp anywhere from six to twelve weeks, any weeks that meet your needs. A \$75.00 MATERIAL FEE (non-refundable and not applicable to camp tuition) must accompany this application for registration. Upon submitting this signed application, the parent/guardian acknowledges the obligation to pay for the total number of weeks registered for regardless of the child's attendance. It is important to note that anyone who signs the application will be responsible for payment.** A camper will be considered dropped from camp if missing one (1) week of scheduled time with no contact from the parent/guardian. **Due to the popularity of our summer program, any changes to your camper's schedule must be made no later than Friday, May 1, 2020.**

TUITION PAYMENT SCHEDULE:

CAMP TUITION IS DUE IN FULL PRIOR to the beginning of each registered session:

SESSION 1 -- DUE ON or BEFORE June 1st

SESSION 2 -- DUE ON or BEFORE July 1st

SESSION 3 -- DUE ON or BEFORE July 29th

*If your child is registered for ONLY SIX WEEKS throughout the summer, tuition for those six weeks is

DUE IN FULL ON or BEFORE May 27, 2020 - regardless of when those weeks are.

YOUR CHILD WILL NOT BE ABLE TO ATTEND CAMP IF TUITION IS NOT SUBMITTED BY THE DUE DATES

I/We hereby grant permission for the use of my/our child's name, photograph and /or video in the media (ex: electronic media, area newspapers, magazines, brochures, advertising, radio or television stations, etc.) regarding camp related activities. I/We release **CAMP EARLY IMPRESSIONS**, its employees and agents from any and all claims, which might arise from or in connection with the publication and use of said photograph and/or name as described above.

I/We agree and understand that all pre-paid material fees, camp tuition fees, specialty camp fees, swimming and/or tennis fees are non-refundable or transferable for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, staff in-service days, severe weather closings, or any other unforeseen circumstances, etc.

It is understood that, at its sole discretion, **CAMP EARLY IMPRESSIONS** has the right to request withdrawal of any child from the program for any reason, at any time. It is contemplated, but not limited to, situations involving a child or parent's/guardian's failure to abide by the rules and procedures set forth by **CAMP EARLY IMPRESSIONS**; conduct of parent(s) or child deemed by **CAMP EARLY IMPRESSIONS** to be unsuitable; a child who is not benefiting from the program; any flexibility in enrollment, and such other situations as may arise. I/We have read and understand the information contained in this application form.

Upon signing this agreement, the parent, legal guardian or responsible adults agree to abide by all of the provisions contained in this contract.

It is important to note that whoever signs this application will be responsible for payment.

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date

Printed Name

Cell Phone-MOM

Relationship to Child

E-Mail address-MOM

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date

Printed Name

Cell phone - DAD

Relationship to Child

E-Mail address- DAD

Mother's Social Security # _____ Father's Social Security # _____

PLEASE LET US KNOW WHAT SIZE EARLY IMPRESSIONS T-SHIRT YOUR CHILD WILL NEED:			
___ X- SMALL (2-4)	___ SMALL (6-8)	___ MEDIUM (10-12)	___ LARGE (14-16)