

# ATELIER KIDS

## Summer Camp Agreement 2022

June 13- August 05

- **Deposit:** We will be asking for a **\$100 deposit** in order to save your spot. This amount will be then **credited** to your next payment.

All fees including registration fee and tuition are non-refundable.

- Payments can be made with cash, check, Zelle, wire transfer or credit card (3.5% fees will be applied to credit cards).
- 10% discount will be applied for siblings. (To the older student).
- All session fees are due prior to the first day of each session.
- Late pick up fee will be charged at a rate of \$1 per minute. Parents must still notify school.
- If a check is returned a charge of \$30 will be added.

Please see below the following options:

- Early Care: 8:00 – 8:30 am/ \$25 per session.
- After Care: 3:00 – 5:30 pm/ \$100 per session. (Included in the price payment of extended option)

If you need to use the Early or After care occasionally:

- Early Care \$ 10 per day.
- After School \$35 per day (subject to availability).
- All campers must present an HRS 3040 (School Entry Health Examination), and an HRS 680 (Florida Certification of Immunization) or the Exemption from the Health Department.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records. I have read and agree to the "Summer Camp Agreement 2022". I understand that this Agreement must be returned to the school along with all other requirements.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate your session choices below:

1: 06/13 – 06/24 \_\_\_ Full \_\_\_ Extended

3: 07/11 – 07/22 \_\_\_ Full \_\_\_ Extended

2: 06/27 – 07/08 \_\_\_ Full \_\_\_ Extended

4: 07/25 – 08/05 \_\_\_ Full \_\_\_ Extended

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Please list any relevant health or medical conditions that you are aware of: \_\_\_\_\_

In the event of an emergency, illness, or accident, the school will make every effort to contact you as soon as possible. If we are unable to reach you, please list in order – any others should try to contact regarding your child's well-being.

Name/Relation \_\_\_\_\_ Cell # \_\_\_\_\_

Name/Relation \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any persons beyond those included as Emergency Contacts who have the authority to pick-up your child from school. **Do note that your child will only be released to those listed on this form.** Should you wish for your child to leave school with anyone NOT listed, you must submit that request to the Office in writing prior to the afternoon in question. **Calls on the phone will not suffice.**

Name

Phone

Name

Phone

**PHOTO RELEASE FORM**

I, \_\_\_\_\_, the parent of a child/children at Atelier Kids, agree to the following:

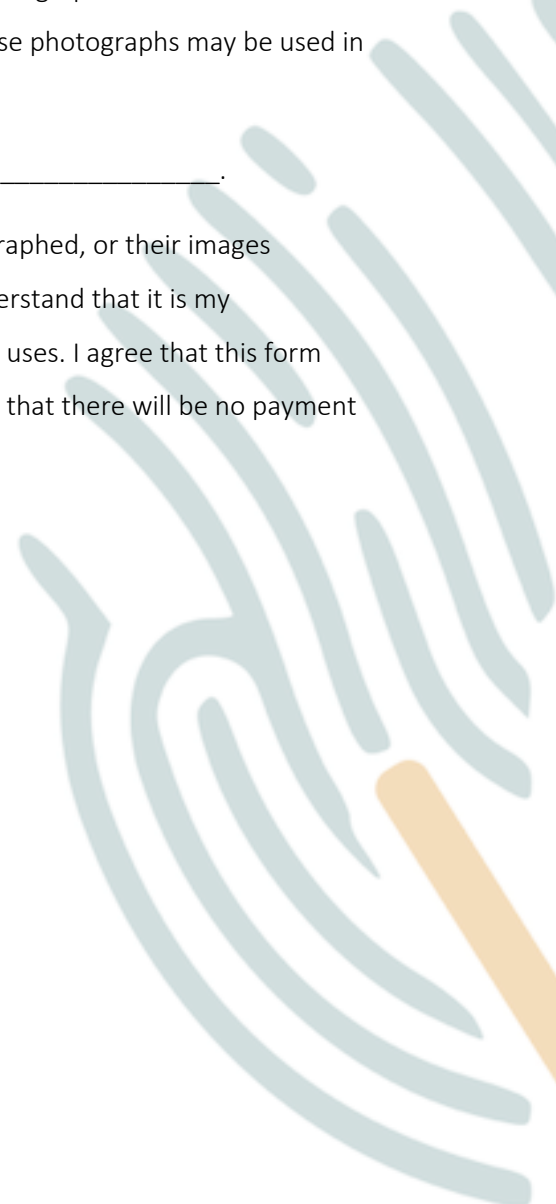
I understand that my child(ren) whose name(s) are listed below may be photographed at the school during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or social media.

The child(ren) are known as: \_\_\_\_\_.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the school services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

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

Date \_\_\_\_\_



# Authorization Sunscreen / bug repellent / diaper rash cream

I \_\_\_\_\_ (please print full name) authorize Atelier kids Staff to apply on my child a sunscreen / bug repellent / diaper rash cream provided from home.

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

Name of sunscreen / bug repellent / diaper rash cream provided:

\_\_\_\_\_

Possible side Effects (include previous sunscreen reactions):

\_\_\_\_\_

Reason for application: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Storage: \_\_\_\_\_

## Special Instructions:

Parents are required to apply Sunscreen Lotion on their child in the morning before arriving to school. Atelier Kids Staff will apply sunscreen in the afternoon before the second Recess time.

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