



2010 SUMMER CAMP REGISTRATION



POLICIES:

Registration: Your registration is not complete until KiDazzles has received all required paperwork and payment.

Registration is subject to availability.

Deposits and Payment: A 50% deposit is due at registration and the balance is due by June 11, 2010. **NO STUDENT CAN START CAMP UNTIL FULL PAYMENT IS RECEIVED.**

Refunds: Tuition is refundable until the first day of your scheduled session, less a \$100 administrative fee. No refunds thereafter.

Make-ups: We are not able to offer make-ups for missed days.

Sick Kids: We reserve the right to send home any child with a fever or who otherwise appears to be infectious.

Changes and Cancellations: We reserve the right to cancel a class and offer full refunds if fewer than 3 children are registered for any session.

Drop-off and Pick-up: A responsible adult must sign your child in and out each day in the waiting room. Regardless of the time of sign-in, parents remain responsible for their child until the beginning of camp. We ask that you remain in our waiting area until campers are picked up by a staff member. Children must be signed out within 10 minutes of the end of the camp day. Parents will be assessed a late pick-up fee of \$15 per child per 15 minute interval thereafter until the child is picked up.

Medical Needs: We cannot store or administer medications to children or participate in toileting.

REGISTRATION:

KiDazzles Explorers (Ages 3 1/2 - 5)

Days: Monday - Thursday

Time: 8:45 - 11:30 am

Dates: Jun 28 – Aug 19 (no class July 5)

Price: \$150/week – minimum 6 weeks

KiDazzles Adventurers (Ages 6 - 9)

Days: Monday - Thursday

Time: 1:00 - 4:00 pm

Dates: Jun 28 – Aug 19 (no class July 5)

Price: \$150/week – minimum 6 weeks

Socialites - Tuesday (Ages 7 - 9)

Day: Tuesday

Time: 5:00 – 6:00 pm

Dates: May 25 – Jul 20 (no class July 6)

Price: \$525 - 8 weeks

Socialites - Saturday (Ages 7 - 9)

Days: Saturday

Time: 9:15 – 10:15 am (no class July 3)

Dates: Jun 5 – Jul 31

Price: \$525 – 8 weeks

Socialites - Saturday (Ages 4 - 6)

Days: Saturday

Time: 10:30 – 11:30 am

Dates: Jun 5 – Jul 31 (no class July 3)

Price: \$525 – 8 weeks



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CHILD & MEDICAL INFORMATION

Child's Last Name	Child's First Name	Child's Nickname	Sex	Date of Birth
Child's Address (City, State, Zip Code)				Home Phone
Is there another child your child would like to be grouped with? If yes, please tell us who.				
Child's Physician	Physician's Phone	Does your child have allergies? Y N If yes, please describe and indicate precautions and emergency procedures on separate sheet.		
Is your child under a physician's care/treatment or taking medications on a regular basis? YES NO If yes, please provide details.				
Please indicate your child's specific diagnosis:				
Please let us know the strengths and needs of your child as they relate to a group setting. What do you hope your child will accomplish/learn at camp? Please feel free to include any information that you would like to share:				

PARENT GUARDIAN INFORMATION

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Address (City, State, Zip Code)			
Billing Address (if different)			
Employer	E-mail Address		Do you have legal custody of child? YES NO
Person/Agency with Legal Custody if Different from Above	Home Phone	Work Phone	Cell Phone:
Home Address (City, State, Zip Code)			Employer



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EMERGENCY INFORMATION (2 adults other than parent/guardian authorized to pick up child.)

1. Name	Relationship	Work Phone	Home Phone	Cell
Home Address (City, State, Zip Code)				
2. Name	Relationship	Work Phone	Home Phone	Cell
Home Address (City, State, Zip Code)				
<p>The Following person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship)</p> <p>*Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child.</p>				

RELEASES - Please read carefully and initial where required.

<p>EMERGENCY MEDICAL RELEASE (please initial one of the following)</p> <p><input type="checkbox"/> In the event of injury or serious illness, I give permission for KiDazzles' staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the call.</p> <p>OR</p> <p><input type="checkbox"/> In the event of injury or serious illness, I do not give permission for KiDazzles' staff to obtain medical treatment for my child. Instead, I instruct KiDazzles' staff to (please provide specific instructions below):</p> <p>_____</p> <p>_____</p> <p>PHOTOGRAPHIC RELEASE</p> <p>By signing below, I give permission to KiDazzles to use photographs and videos of my child in any and all publications and other media without limitation for the limited purpose of publicity and advertising to increase awareness of KiDazzles programs.</p> <p>LIABILITY RELEASE</p> <p>By signing below I absolve KiDazzles of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that KiDazzles can only be responsible for my child during the days and times that he/she has been properly checked in and that KiDazzles will not be responsible for my child when he/she is traveling to and from the camp.</p>

SIGNATURE

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and that I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian _____ Date _____