



# Summer Camp

Office Use Only  
Registration Paid: \$ \_\_\_\_\_  
Check/Cash/Credit Card  
Date: \_\_\_\_\_

## Registration

- \$75 per ECS Enrolled student, \$125 per Non-Enrolled ECS student and must be paid at the time of enrollment.
- Cost includes one camp shirt. Additional shirts may be purchased for \$12.

## ECS Enrolled Student Fees

- \$160 per week for the first Camper, \$150 for each additional ECS sibling. Daily rate is \$50. There are no discounts on the daily rate. **Fees must be pre-paid on the first day of attendance each week. If paying the daily rate, payment must be paid the morning of attendance.**
- Costs include field trip fees and lunch daily. Snacks are **not** provided. Snacks may be packed or purchased in our snack shop for an additional cost.

## Non-Enrolled ECS Student Fees

- \$180 per week for the first Camper, \$170 for each additional sibling. Daily rate is \$60. There are no discounts on the daily rate. **Payment for the summer must be received in full on or before the first day of attendance with no exceptions. If payment exceeds the amount of the charges, a refund will be issued at the end of the summer camp season.**
- Costs include field trip fees and lunch daily. Snacks are **not** provided. Snacks may be packed or purchased in our snack shop for an additional cost.

## Summer Camp Policy

- **The center closes at 6:00 p.m. A late fee of \$15.00 per camper for each fifteen minutes or fractional part thereof after 6:00 p.m. must be paid before next day of attendance.**
- Each camper must be signed in and out daily in the preschool office.
- Any and all persons authorized to pick up a camper must be on file. Anyone else will be refused. No camper will be released to anyone under the age of 16.
- Persons not recognized by the office personnel will be asked for identification.
- To deter a parent who does not have legal custody of a camper from taking them off premises, legal custody papers must be on file at the preschool office.
- **No cell phones, iPads, video games, CD players, MP-3 players on FIELD TRIP days. Gum is not allowed at summer camp. *If you wonder about it, don't bring it.***

In signing this form, I acknowledge that I have read and understand the ECS Summer Camp Fees and Policies and agree to abide by them. I also give permission for my child to take part in all camp activities. Further, in the event my child becomes ill or is injured while under camp supervision, I authorize camp authorities to take the following steps: (a) contact the parents of the child or emergency contacts and follow their instructions; (b) in the event neither the parents or emergency contacts can be reached, contact the student's physician(s) and follow their instructions; (c) if the student's physician cannot be reached, contact a licensed practicing physician and follow their instructions.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
(Non-Enrolled ECS camper #1 Social)

\_\_\_\_\_  
(Non-Enrolled ECS camper #2 Social)

**1<sup>st</sup> Camper's Name:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Grade) \_\_\_\_\_ (Birthday)

List any allergies & other medical information: \_\_\_\_\_

**T-Shirt Size:** Y-Xsmall Y-Small Y-Medium Y-Large A-Small A-Medium A-Large

**Extra Shirts** (\$12 each): #of extra shirts \_\_\_\_\_ Paid: \$\_\_\_\_\_ by Check/Cash/Credit Card.

Camper's Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**2<sup>nd</sup> Camper's Name:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Grade) \_\_\_\_\_ (Birthday)

List any allergies & other medical information: \_\_\_\_\_

**T-Shirt Size:** Y-Xsmall Y-Small Y-Medium Y-Large A-Small A-Medium A-Large

**Extra Shirts** (\$12each): #of extra shirts \_\_\_\_\_ Paid: \$\_\_\_\_\_ **by Check/Cash/Credit Card.**

Camper's Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Parent Information**

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work #: \_\_\_\_\_ Cell# \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work #: \_\_\_\_\_ Cell# \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information**

(Other than parents)

Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_