



Summer Camp at Educational Playcare 2018

Child's Name: _____ Nickname: _____
 Address: _____ Home Phone: _____
 Child's Date of Birth: _____ Entering Grade: _____ School: _____
 T-shirt Size (circle one) YS (5-6) YM (7-8) YL (10-12) YXL (14-16)
 EPC Location: _____

Parent/Guardian 1 Information: Name: _____ Home Phone: _____
 Home Address: _____ Same as Child
 Work Name & Address: _____
 Work Phone: _____ Cell Phone: _____ Fax #: _____
 Email: _____

Parent/Guardian 2 Information: Name: _____ Home Phone: _____
 Home Address: _____ Same as Child
 Work Name & Address: _____
 Work Phone: _____ Cell Phone: _____ Fax #: _____
 Email: _____

If you were referred by a current EPC family, who may we thank? _____

Weekly Fees

(A one-time registration fee of \$75.00 is due at the time of enrollment.)

Weeks are Monday through Friday. Tuition is all inclusive; snacks, lunches and field trips are included although a modest fee is required for participation in swimming lessons (where available). A 10% discount is available for families enrolling multiple children when all children are enrolled for 10 weeks. The registration fee is waived for families who are already enrolled in one of our school-age programs.

Number of weeks enrolled	Camp Day 9:00am-4:30pm	Full day 7:00am-6:00pm
1-3	\$350	\$390
4-6	\$325	\$360
7-10	\$300	\$335

Please indicate which weeks your child will be attending:

_____ Week of June 18 - 22:

_____ Week of June 25 - 29:

_____ Week of July 2 - 6:

_____ Week of July 9 - 13:

_____ Week of July 16 - 20:

_____ Week of July 23 -27:

_____ Week of July 30 – August 3:

_____ Week of August 6 - 10:

_____ Week of August 13 – 17:

_____ Week of August 20 – 24:

EPC Infinity Originals

Amazing Race

Legendary Excavators (closed July 4)

Super Splash Campers

EPC Sports World

Masters of the Universe

Sensei Recyclers

Epic Engineers

Food Network

EPC-elodeon



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Emergency Information

Emergency Contacts (other than parents)

I grant permission for the following people to transport my child to and from Educational Playcare or to be called in the event of an emergency to pick up my child.

<u>Name</u>	<u>Wk. Phone</u>	<u>Hm. Phone</u>	<u>Mobile</u>
1. _____			
2. _____			

Child's Physician: _____ Phone: _____

Allergies: _____

Other Significant Information: _____

- I give my permission to Educational Playcare to take whatever emergency measures are judged necessary for the care and protection of my child while under their supervision.
- In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.
- It is understood that in some medical situations, the staff will need to contact local emergency resources before the parent, child's physician, and/or other adult acting on the parent's behalf.
- I give permission for my child to be transported by Educational Playcare personnel for designated extracurricular activities.
- I give permission for my child to use all educational facilities, indoors and out, and to take neighborhood walks.
- I give permission for my child to attend all field trips and special guest presentations throughout the time he/she is at Educational Playcare.
- I understand that I must notify the school at least 45 minutes before a scheduled pick-up or pay a \$25 "no call, no show" fee if my child is not in attendance to be transported bus to the camp site.
- I understand that all payments are non-refundable.
- I give permission for my child to be included in photographs and/or videos that may be taken in the course of daily activities for the purpose of marketing the program.

Parent/Guardian Signature: _____ Date: _____