



Summer Camp at Educational Playcare 2019

Avon Entering 3rd - 6th grade

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 Drop Off and Pick Up 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 7 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	\$360	\$400
4-6	\$335	\$370
7-10	\$310	\$345

Please indicate which weeks your child will be attending:

_____ Week of June 17 - 21:

_____ Week of June 24 - 28:

_____ Week of July 1 - 5:

_____ Week of July 8 - 12:

_____ Week of July 15 - 19:

_____ Week of July 22 - 26:

_____ Week of July 29 - August 2:

_____ Week of August 5 - 9:

_____ Week of August 12 - 16:

_____ Week of August 19 - 23:

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.
- We acknowledge that we have discussed the techniques used for child behavior management.

Parent/Guardian Signature: _____ Date: _____