

Kid's Place Learning Center
738 Route 9, Fishkill New York 12508
Telephone (845)838-9934 Facsimile (845)838-9935
E-mail akidsplacebeacon@gmail.com/ www.kidsplace.club

Summer Day Camp 2020

Child's Name _____ Date of Birth _____
School Child Attends _____ Grade as of 9/1/2020 _____ Child's Gender M / F
T Shirt Size ____ with whom does the child reside _____
Guardian 1 _____ Relationship to child _____
E-mail Address _____ (To be used for billing and newsletters)
Employer _____ Daytime Phone _____
Home Address _____
Eve phone _____ Cell (List Carrier for text alerts) _____
Guardian 2 _____ Relationship to child _____
E-mail Address _____ (To be used for billing and newsletters)
Employer _____ Daytime Phone _____
Home Address _____
Eve phone _____ Cell (List Carrier for text alerts) _____
Emergency Contact Name (other than parent) _____
Relationship to child _____ Phone Number _____

List all persons authorized to pick up child at the end of the day. Include yourself if appropriate. **ONLY THOSE LISTED MAY PICK UP YOUR CHILD! (Please Print)** We will not release your child to anyone who is not listed below. If you should need to add a person please call the office

I (print name) _____ am the legal guardian of the above named child and hereby consent to the enrollment at Kid's Place Learning Center. I have been advised about of the policies concerning enrollment, administration of medication, program fees, transportation services, as well as photography and social media. I acknowledge I am responsible for providing any and all court documents that would limit or restrict contact with any other Parent/ Guardian. I give my child permission to participate in Kid's Place program and activities and events including, but not limited to the following (please initial each) Trips _____ Swimming _____ Photos and videos _____ Kid's Place does not administer medication, however if there is a need for emergency medication a separate form must be completed so that your child may self-administer. I understand no adjustments will be made to fees due to absence for any reason including failure to supply the properly completed medical form as per OCFS, illness, or failure to adjust to the program. I understand that Kid's Place Learning Center staff will make every effort to provide a positive experience for my child. However, if my child cannot live within the rules of the center or if her/ his behavior adversely affects the experience of other children, I understand s/ he will be dismissed. I further understand that as the Parent/ Guardian my behavior may be the cause of dismissal from the center. This behavior may include but not limited to posting negative comments on social media concerning the program, staff members or other children enrolled in the program. Kid's Place A Place For Kids To Be II, Inc., reserves the right to cancel any activities due to occurrences beyond their control. All deposits and registration fees are non- refundable. Any changes to schedules after June 1, will result in a \$25 administration fee per occurrence. I have read the centers policies and agree to abide by them.

Signature _____ Date _____ Relationship to child _____

Sibling Discount 10% off each additional child's weekly program fees when enrolled during the same week (applied to the lowest fee)

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Refer a friend Discount: \$15 off your families' weekly fee when a friend registers stating your name during enrollment. This must be a new family to the center not previously enrolled (limit 3)

During the hours (place a check next to your program weekly Fee's)

8:30am To 5pm: \$260. Five, days ___ \$230. Four days ___ \$195 Three, days ___

6:30am To 8:30am: \$25 weekly 5pm- 6:30pm \$25 Weekly Morning and
 Afternoon Extended Combined \$40 weekly Drop in Rate is \$10 daily per
 am/ pm session

Week	Days	Extended
6/15 Ooey Goopy, Goop	M T W R F	AM PM Both
6/22 Shark Week	M T W R F	AM PM Both
6/29 Surfing the USA	M T W R F	AM PM Both
7/6 Master Chefs	M T W R F	AM PM Both
7/13 Fairies, Knights and Dragons	M T W R F	AM PM Both
7/20 Globe Trotting	M T W R F	AM PM Both
7/27 Safari	M T W R F	AM PM Both
8/3 FUNgineering	M T W R F	AM PM Both
8/10 Super Nova	M T W R F	AM PM Both
8/17 Wild West	M T W R F	AM PM Both

Number of weeks _____ x weekly fee _____ + Extended Fee _____ = _____

Registration Fee _____ Total Due \$ _____

Children may not attend the session if payment is not paid prior to start date. If you have made payment agreements you must pay in accordance to outline in the financial agreement page.

I understand that submitting this form is securing a seat for my child in the weeks that have been selected. There are no refunds for any changes to my child's schedule, including a reduction of days. A one-week deposit as well as a \$75.00 registration fee is due with this application. **ALL FEES ARE NON-REFUNDABLE.** Payment in full is due by June 1, 2020. Any weeks that are unpaid after June 1 will be released. I understand the payment requirements and agree to the terms set forth.

Parent Signature _____ Date _____