

# Summer Camp 2013 Registration Form



Child's Full Name	Chinese Name (if any)	Child's Date of Birth	Grade in Fall 2013	Date of Admission
			School Attending	Date of Withdrawal
Home Address				Home Phone
Mother's Name	Cell Phone	Father's Name		Cell Phone
		Email	Email	
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:				Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				
<b>CHECK / CIRCLE ALL THAT APPLY:</b>				
<b>1. TRANSPORTATION:</b> I hereby <b>give / do not give</b> consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			<b>2. FIELD TRIPS:</b> I hereby <b>give / do not give</b> my consent for my child to participate in Field Trips: <b>Parent's Comments:</b>	
<b>3. WATER ACTIVITIES:</b> I hereby <b>give / do not give</b> my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			<b>4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> <input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b> In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to: Name / Address of Physician: _____ Ph.#: _____ Name Address of Emergency Medical Care Facility: _____ Ph.#: _____ I give consent for the facility to secure any and all necessary emergency medical care for my child. Signature - Parent or Legal Guardian _____				
List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).				
<b>CHECK ALL THAT APPLY:</b>				
<input type="checkbox"/> His / her immunization record and Vision/Hearing Screening records are on file at the school and all required immunizations and/or tuberculosis test are current.			My child has permission to: <input type="checkbox"/> walk to and from school, <input type="checkbox"/> ride a bus, and/or <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old. Name of sibling(s): _____	
Signature - Parent or Legal Guardian _____			Date _____	

## The Learning Skool-House Summer Camp Attendance Plan

*To help us better provide a safe, fun and successful summer program for your child, please indicate the weeks that your child is planning to attend our summer school.*

Child's Name	Summer Camp Start Date: June 10, 2013	Summer Camp End Date: August 23, 2013
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✓ Please indicate the weeks that your child will be attending summer camp.

Registration Fees \$100/student ; \$150/family (*Includes one free field-trip T-shirt*)

Supply Fees \$ 100 (does not include books)

*Singapore Math books : \$27/set*

*Chinese books : \$20/set(without cards) or \$27/set with cards*

*Spanish book : \$15*

Note: Weekly tuition is due the Friday before the week begins.

\$195 per week OR

\$695 for every 4 consecutive weeks (10% discount for siblings)

Please make all check payments to (*all payments made are NOT refundable*):

**The Learning Skool-House**

Week #	Dates	Place a check ( ✓ ) to attend	Comments
1	June 10-14		
2	June 17-21		
3	June 24-28		
4	July 1-5 ( <i>closed on 7/4</i> )		
5	July 8-12		
6	July 15-19		
7	July 22-26		
8	July 29-August 2		
9	August 5-9		
10	August 12-16		
11	August 19-23 ( <i>Final week of summer camp</i> )		

*For office use only:*

*Registration/Supply Fee paid/date:*

**The Learning Skool-House**  
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