

Summer Camp 2017 Registration Form



Child's Full Name	Chinese Name (if any)	Child's Date of Birth	Grade in Fall 2017 School Attending	Date of Admission Date of Withdrawal
Home Address				Home Phone
Mother's Name	Cell Phone Email	Father's Name		Cell Phone 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 ONLY 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.				
CHECK / CIRCLE ALL THAT APPLY:				
1. TRANSPORTATION: I hereby give / do not give 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 to and from home to and from school			2. FIELD TRIPS: I hereby give / do not give my consent for my child to participate in Field Trips: Parent's Comments:	
3. WATER ACTIVITIES: I hereby give / do not give 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			4. RECEIPT OF WRITTEN OPERATIONAL POLICIES: <input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: 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).				
CHECK ALL THAT APPLY:				
<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: May 30, 2017	Summer Camp End Date: August 17, 2017	
<p>Registration Fees \$75/student ; \$100/family <i>(Includes one free field trip T-shirt)</i> Robotics & Supply Fees \$75/student (does not include books)</p> <p><i>Singapore Math books : \$30/set Chinese books : \$25/set Spanish book : \$15</i></p> <p>Tuition is due the Friday before the week begins. Full-Time (5 days/week) 10% discount for siblings \$205 per week OR \$720 per 4 weeks Part-Time (3 days/week) NO sibling discount \$175 per week OR \$605 per 4 weeks <i>No field trips for part-time students</i></p> <p><i>All payments must be made by check or cash (NO credit card). All returned checks will be subject to a \$50 admin fee. A late fee of \$50 will be charged for late payments. Please make all check payments to (all payments made are NOT refundable):</i></p>			
<p>✓✓ Please indicate the weeks that your child will be attending summer camp.</p>			
Week #	Dates	Place a check (✓) to attend	Comments
1	May 30- June 2		
2	June 5-9		
3	June 12-16		
4	June 19-June 23		
5	June 26 - June 30		
6	July 3-7 (closed on 7/4 in observance of July 4th)		
7	July 10-14		
8	July 17-21		
9	July 24-July28		
10	July 31-August 4		
11	August 7-11 <i>(Final week of summer camp)</i>		
<p><i>For office use only:</i></p> <p><i>Registration/Supply Fee paid/date:</i></p>			

The Learning Skool-House
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