

## 2014-2015 Queen Creek Discovery Kids...Spring Semester Camp Registration Form

**Includes: Civil Rights Day, President's Day & Spring Break**

Camp held at **QUEEN CREEK Elementary School** – 23636 S. 204<sup>th</sup> Street, Queen Creek AZ

6:30 am – 6:00 pm      Kindergarten – 6<sup>th</sup> graders

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent's Name: \_\_\_\_\_ School Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

For Office Use only

\_\_\_\_ Roster

\_\_\_\_ Emergency Card

\_\_\_\_ Immunizations

\_\_\_\_ Paid in Full

\_\_\_\_ Emp. / Sib Discount?

**Registration fee (non-refundable) = \$15 (Waived for current DK students)**

**Please note the Registration Deadlines below**

**Daily Rate:**      \$27/day (except: Field Trip Days: \$30/day)

**Field Trip Days:** \$30/day (2/16, 3/11 & 3/18)

**Weekly Rate:**    \$115/week for (March 9-13<sup>th</sup> & March 16-20<sup>th</sup>)

**Drop-In Rate:**    \$30/day -- Payment must be RECEIVED by Registration Deadline, or drop-in rate applies.

Please pack a cold lunch daily. Afternoon snack provided.

**ALL PAYMENTS MUST BE RECEIVED AT THE DISTRICT OFFICE DEADLINES, OR DROP-IN RATE WILL BE CHARGED.  
NO REGISTRATIONS OR PAYMENTS ACCEPTED AT SCHOOL SITES.**

**Discounts** – not to be combined: Sibling Discount: 10% per additional sibling    Q.C.U.S.D. Employee Discount: 20% per child

**Credits/Refunds for camp** – only qualify if district office notified week prior to change, medical release or program cancellation.

Registration fee is non-refundable.

	<u>Amt. Due:</u>	<u>Registration Deadline</u>	<u>Date Paid</u>
<b>Registration Fee:</b> \$15 (\$0 Registration for current 14-15 DK)	_____	<i>At Registration</i>	_____
<b>Monday, February 16 (President's Day)</b> <i>(\$30 Day) On Site Field Trip PHX ZOO</i>	_____	<i>Mon. Feb. 9</i>	_____
<b>Camp Week 1: March 9 – 13th</b> <i>SELECT DAYS:    MON    TUES    WED    THURS    FRIDAY</i>	_____	<i>Mon. March 2</i>	_____
<i>\$30*</i> <i>*Field Trip: USA Fitness, Wednesday March 11.</i>			
<b>Camp Week 2: March 16 - 20</b> <i>SELECT DAYS:    MON    TUES    WED    THURS    FRIDAY</i>	_____	<i>Mon. March 2 (reg) Mon. March 9 (pmt)</i>	_____
<i>\$30*</i> <i>*Field Trip: i.d.e.a. Museum, Wednesday, March 18.</i>			
<b>Cash:</b> _____	<b>Check #</b> _____	<b>Bill Pay #:</b> _____ =	<b>Total</b> _____

Payment for camp must be RECEIVED at the District Office by Registration Deadlines, or the drop-in rate will apply. The following forms of payment are accepted: cash (exact change only), check mailed or dropped off to the district office, or made via bill pay through your bank.

Programs are offered based on enrollment; must have minimum of 24 daily participants. Space is limited and is on a first-come, first-served basis. District Office is closed Friday, March 13 and 20<sup>th</sup>.

**Child Information:**

Does Child Have an Individual Educational Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

(IEP must be provided to Community Education prior to admission to program per Department of Health Services regulations R9-5-507)

I authorize QCUUSD Special Education Department to release my child's IEP to QCUUSD Community Education Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are there any safety concerns our staff should be aware of? Communication, Wanders off, Aggression, etc.?

Is there anything else you would like to share about your child so they have a successful experience? \_\_\_\_\_

**Parent Agreement**

- 1.) I, \_\_\_\_\_, certify that I am the legal guardian of \_\_\_\_\_.
- 2.) I understand that only the legal guardian may make changes to this agreement.
- 3.) I agree to complete and update the Emergency Form prior to starting camp and when any changes occur.
- 4.) I further certify I agree to pay prior to my child(ren) attending camp, and that **if not paid ahead** my child(ren) may not attend camp.
- 5.) I understand that field trips are a weekly part of the camp experience, depending on the days my child(ren) attend camp. I agree to complete required permission slips prior to camp.
- 6.) I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending should the program determine the behavior(s) poses a safety risk to my child, Discovery Kids peers, or program staff, or if it is determined that the child's behavior cannot be safely managed within the program.
- 7.) I also agree to read the Parent Handbook.
- 8.) **Payment for camp must be RECEIVED at the District Office by Deadlines, or the drop-in rate will apply. Payment must be received for student to attend.**

I have read and agree to the above Parent Agreement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Release:**

*I authorize in the event medical and/or emergency transport is required for my child, QCUUSD staff will first contact parent/guardian, and then has the authority to release student to licensed medical personnel for treatment. If I choose to not authorize release of my child, I understand that QCUUSD is released of liability in this matter.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional:**

I hereby grant my permission for my child's photograph to be taken at the Discovery Kids program for purposes of brochures, emails, website/Facebook, newspaper articles and/or news releases. Use of these images will be at the discretion of Community Education administration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sibling(s) Name \_\_\_\_\_

**IF YOU ARE NOT CURRENTLY ENROLLED IN DISCOVERY KIDS, YOU WILL NEED TO COMPLETE AN EMERGENCY & IMMUNIZATION FORM WHEN YOU COME TO THE DISTRICT OFFICE TO REGISTER!**