



1770 Davidson Ave
Bronx, NY 10460
P.718.576.6630
F718.576.6631

Summer Camp 2016

Thank you for your interest in attending Little Scholars Early Development Center Summer Camp. **The camp will be for children of the ages 4-12 years old.** Along with the many fun filled activities that will be offered daily in our facility we are also partnering with New Settlement Community Center to provide additional enrichment activities to our campers. We will be offering classes Yoga, Capoeira, Swimming, and Alvin Ailey Dance and Hip Hop on a weekly. Little Scholars Early Development Center will hold 3 camp sessions:

Ages 4-6

Session 1: July 5-Aug 19 / 7 weeks/ \$1575

Session 2: July 5-July 29/ 4 weeks/ \$1000

Session 3: Aug 1- Aug 19/3 weeks/ \$750

Ages 6-12

Session 1: July 5-Aug 19 / 7 weeks/\$1,225

Session 2: July 5-July 29/ 4 weeks/ \$700

Session 3: Aug 1- Aug 19/3 weeks/ \$525

Registration Fee: \$25 (non-refundable)

APPLICATION PROCESS

Please read the following carefully. The camp is licensed by the DOHMH and is for 75 children. Space in our *Summer Camp is first come, first served.* To apply, please fill out the enclosed application. And remit all required documentation as soon as possible to guarantee your child space in the program.

IMPORTANT INFORMATION FOR ALL SESSIONS

| | |
|---|--|
| Applications available May 2, 2016 -- open until full. | <i>First come, first served – apply as soon as possible.</i> |
| Tuition: Please refer to session fee | Must be paid in full by July 1, 2016. |
| Extended Camp Care: \$25.00 a Week | Must be paid every Friday for the following week. |
| Return paperwork packets due... <ul style="list-style-type: none"> • Camp Application • Physical with Immunizations • Birth Certificate • Custody Document (<i>where Applicable</i>) | Two weeks before the first day of Camp. |

REFUNDS

There will be no refunds. Camp **MUST** be paid in full by July 1, 2016.



1770 Davidson Ave
Bronx, NY 10460
P.718.576.6630
F718.576.6631

Child Information

First _____ Middle _____ Last _____

Gender: Male __ Female__

School Name _____ Grade _____ Birth date ____/____/____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ FAX _____

E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ FAX _____

E-mail _____

Occupation _____ Employer _____

Child lives with:



1770 Davidson Ave
Bronx, NY 10460
P.718.576.6630
F718.576.6631

Person responsible for payment:

Emergency Contact Information – Alternate Pickup/Release (MUST BE AT LEAST 18 YEARS OF AGE)

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____

2: _____

3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).



1770 Davidson Ave
 Bronx, NY 10460
 P.718.576.6630
 F718.576.6631

| <u>Medical Problem</u> | <u>Required treatment</u> | <u>Should paramedic be called?</u> |
|------------------------|---------------------------|------------------------------------|
| _____ | _____ | Yes/No |
| _____ | _____ | Yes/No |
| _____ | _____ | Yes/No |

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

| | Name | Phone # | Relationship to Child |
|------------|------|---------|-----------------------|
| Contact #1 | | | |
| Contact #2 | | | |
| Contact #3 | | | |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that in the event of a medical emergency Little Scholars EDC will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____



1770 Davidson Ave
Bronx, NY 10460
P.718.576.6630
F718.576.6631

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during **Little Scholars Early Development Center Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Little Scholars Early Development Center and its affiliates.

Parent’s/Guardian’s Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Little Scholars Early Development Center** activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials _____

Little Scholars Early Development Center and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's’ photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____



1770 Davidson Ave
Bronx, NY 10460
P.718.576.6630
F718.576.6631

Child: _____

Date: _____

WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation.

I understand that the selection of programs shall be my responsibility, and that Little Scholars Early Development Center, including its administration, employees, and volunteers shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and /or my minor child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge Little Scholars Early Development Center and partners from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

X _____
Signature of Parent/Guardian 18 years old and older

Date



1770 Davidson Ave
Bronx, NY 10460
P.718.576.6630
F718.576.6631

Receipt of Policies:

I have received the Policies and agree to read and abide by the policies detailed in the application.

Parent Signature: X _____ Date: _____