



**Summer STEAM Enrollment for Current Families**

2021 Summer Program- 6 weeks

**Monday, July 5<sup>th</sup>, 2020 to Friday, August 13<sup>th</sup>, 2020**

**Cost \$200 per week**

*\*Minimum enrollment of 12 required to run each session, if not met, notice of cancellation will be emailed June 11, 2020.*

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ATTENDANCE:**

My child will attend consistently, Monday through Friday for all 6 weeks of the program \_\_\_\_\_.

**If your child will NOT be attending Summer Camp consistently (ex. 5 weeks or under and/or with changes in the schedule), please check the appropriate option and the days of attendance below:**

Week/ Dates	Full Week 8am-3pm (Check Box)	Days of the Week (Circle days)	Aftercare Needed 3pm – 4pm (Circle days)
#1 Robots & Sculptures July 5- July 9		M – T – W – T – F	M – T – W – T – F
#2 Simple Machines & Amazing Structures July 12 – July 16		M – T – W – T – F	M – T – W – T – F
#3 The Art of Motion July 19- July 23		M – T – W – T – F	M – T – W – T – F
#4 CSI Adventures July 26- July 30		M – T – W – T – F	M – T – W – T – F
#5 Music Technology Aug 2 – Aug 6		M – T – W – T – F	M – T – W – T – F
#6 Science Meets Art Aug 9 – 13		M – T – W – T – F	M – T – W – T – F

**SCHEDULE CHANGES**

To comply with the Summer Camp policies, I understand that I will limit Attendance Change Requests pertaining to my child's Summer Camp schedule to two changes (which depends on staffing arrangements and space availability in the classroom).

**Please list two people who will pick up, if necessary, and assume responsibility for the care of your child in case of an emergency. (Please choose Local residents)**

Name \_\_\_\_\_ Address: \_\_\_\_\_  
Tel: (Work) \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_  
Tel: (Work) \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**USE OF WADING POOL/SPRINKLER**

I/we understand that our child will be participating in water play that may include using the wading pool and/or sprinkler. Through this application, I/we allow my child's participation in these activities.

**EMERGENCY MEDICAL RELEASE FORM**

In the event of an emergency and treatment is immediately necessary, I hereby give permission to Robert Frost Public Charter School, to administer emergency treatment for my son/daughter at a medical office/hospital. For this purpose I/we give permission to release my child's necessary medical information to such a facility and also assume all medical care charges.

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

**TUITION FEE REMINDER**

**Cost: \$200 per week (M-F 8am-3pm). After care available 3-4pm for \$10 per day.**

I understand that the fee is non-refundable. I also understand there will be no compensatory days for absence regardless of the reason.

**POLICY ON EXPULSION**

I/we understand that the State requires the school to define an expulsion policy, which is stated below.

It is the camp policy that a child may be expelled from the camp immediately, if;

- a) The child's behavior in the classroom is disruptive for the class or is detrimental to the well-being of other children or staff or the behavior is dangerous.
- b) The child/parents do not comply with the camp policy and/or administrative directives.
- c) The parents/guardians' behavior toward the camp administration/staff is aggressive/abusive.

However, if in view of the camp administration the circumstances do not warrant immediate removal of child from the camp, a time limit may be given for parents to find alternative arrangements for the child being expelled.

I agree to follow the school policies as described in the family handbook.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

\*Space is limited, register by March 31, 2021 to reserve a space.