



Summer Camp Enrollment for Current Families

2023 Summer Camp- 4 weeks

Cost \$200 per week or \$50 per day.

Monday, July 31st, 2023 to Friday, August 25th, 2023

*Minimum enrollment of 12 required to run program, if not met, notice of cancellation will be emailed June 16, 2023.

Child's Name: _____ Age: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

My child will attend consistently, Monday - Friday for all 4 weeks of the program _____.

If your child will NOT be attending Summer Camp consistently (ex. 3 weeks or under and/or with changes in the schedule), please check the appropriate option and the days of attendance below:

*Summer Program is open to ages 5-12.

Weeks/Days	Full Week 8am-3pm (Check Box)	Days of the Week (Circle Days)	After Care Needed 3pm - 4pm (Circle Days)
#1 July 31 - Aug. 4		M - T - W - Th - F	M - T - W - Th - F
#2 Aug. 7 - Aug. 11		M - T - W - Th - F	M - T - W - Th - F
#3 Aug. 14 - Aug 18		M - T - W - Th - F	M - T - W - Th - F
#4 Aug. 21 - Aug. 25		M - T - W - Th - F	M - T - W - Th - 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. After care available 3-4pm for \$10 per day.

I understand that the fee is non-refundable. However, it may be adjusted towards any other week/days of the Summer Program or Regular School tuition based on availability. 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;

1. 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.
2. The child/parents do not comply with the camp policy and/or administrative directives.
3. 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: _____

*Space is limited, tuition payment due prior to June 15, 2023.