



## **2017 SUMMER CAMP – Infants**

Welcome! We are excited that you will be joining us for our Summer Camp! We invite you to read and understand the following information and policies regarding payments, fees, cancellations, refunds, and schedule changes. Please let us know if you have any questions about any of the information below and we'll be happy to address them.

### Enrollment Process

In order to register your infant for the Preston Meadow Summer Camp you must submit:

- 1: The completed registration form;
- 2: A copy of your infant's most recent immunization record
- 4: A non-refundable registration fee of \$50 per infant.

#### Please Read Carefully:

**Cancellation/Refund Policy** - Prior to May 1<sup>st</sup>, 2017, withdrawals from sessions will not incur any additional fees, however registration fee is non-refundable. Cancellations after May 1<sup>st</sup>, 2017, will owe the remaining balance on all sessions for which you are registered unless your child's spot can be filled. We do not offer credits for absences, vacations or if the school must close because of an emergency.



**Schedule Changes** - Will not be permitted. Staff has been hired based on the enrollment count by May 1<sup>st</sup>. No credit will be given for hours / days signed up for but not used.

**Core Hours/AM and PM care** - The hours of the Summer Program are 9:00am - 2:00pm. Unless you are signed up for AM Care, you will not be permitted to drop off your child before 9:00am. The 9:00am church bell will be the signal your child may enter their classroom. If your child is not enrolled to stay in our PM care, he/she must be picked up by 2:10.

**Late Pick-up Charges** - If your child is picked up after 2:10pm, a late fee of \$5 for the first 5 minutes, for each child. In addition, \$1 per child per minute is charged each additional minute after 2:15. Failure to pay these charges may result in termination of enrollment.

**Payments accepted** - We accept checks, money orders or cash. Checks and money orders made payable to "**PMLC PRESCHOOL**" can be placed in designated drop off area (wall located right outside the Preschool office)

**Returned checks** - A \$25 service charge will be assessed for a check returned to us for any reason. In addition, a late payment of \$20 will be assessed, unless payment is received to cover the funds within three business days of notification. After receiving two returned checks, then all payments for the remainder of the balance due must be paid in cash or money order.

**Questions** - If you have any questions regarding registration, billing, payments, or charges please contact the office at 972)208-2424, or by email: Elizabeth Costales at [kdo@pmlc.org](mailto:kdo@pmlc.org) or Leah Hutson at [Leah.Hutson@pmlc.org](mailto:Leah.Hutson@pmlc.org) .

*Please note that your camper's registration will NOT be accepted and processed without all necessary paperwork and payment submitted to Preston Meadow KDO Preschool.*

#### FEES FOR Preston Meadow SUMMER CAMP

1. Registration Fee. This is payable at time of registration and is the same regardless of the number of weeks your child(ren) attend.

Per child..... \$ 50.00

2. **Billing Information** – Payment for tuition will be scheduled as follows:

June's summer tuition is due by May 19<sup>th</sup>. A \$20 late fee will be added if not received by the due date.

July's summer tuition is due by June 23<sup>rd</sup>. A \$20 late fee will be added if not received by the due date.

August's summer tuition is due by July 21<sup>nd</sup>. A \$20 late fee will be added if not received by the due date.

#### Important information:

- Children may attend any or all weeks. You do not have to attend the full month like during the school year.
- No supply fee!
- Enrollment Period March 13– May 1 \$40.00/day tuition (\$200.00/week)
- No applications or schedule changes will be accepted after May 1<sup>st</sup>
- When is tuition due? See tuition schedule above
- Staffed by Preston Meadow Preschool teachers





*For Office Use Only:*  
 Class \_\_\_\_\_  
 Registration fee \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date Paid \_\_\_\_\_

## 2017 SUMMER CAMP REGISTRATION FORM - I

Child's Full Name \_\_\_\_\_

Does your child prefer to be called by another name? \_\_\_\_\_

Age \_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Session	Select Days (9 am – 2 pm)	Add
	Circle each day Min. 2 days/week \$40/day	AM (7:30 – 9:00) AM Care: \$6/day PM (2:00 – 5:30) PM Care: \$15/day
June 7 - 9	W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
June 12 - 16	M T W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
June 19 - 23	M T W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
June 26 - 30	M T W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 5 - 7*	W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 10 - 14	M T W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 17 - 21	M T W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 24 - 28	M T W Th F	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 31- August 2	M T W	<input type="checkbox"/> AM <input type="checkbox"/> PM

\*The week of July 4th, we are offering a 3 day session. We will be open Wednesday – Friday. July 3<sup>rd</sup> and 4<sup>th</sup>, we are closed in observance of the national holiday.

Parent/Guardian#1 _____	Parent/Guardian#2 _____
Mobile (____) _____	Mobile (____) _____
Work (____) _____	Work (____) _____
Home Address _____	Home Address (if different from Parent #1) _____
Street _____	Street _____
City/Zip Code _____	City/Zip Code _____
Primary Email Address _____	Primary Email Address _____

Please list any person that has permission to pick up your child from Summer Camp other than a parent/guardian already listed:

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

**Sunscreen Application Permission**

I give the Summer Camp staff permission to apply sunscreen to my camper.

Infants's Parent or Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please be sure to apply sunscreen each day *before* sending your camper. Camp staff will reapply sunscreen each afternoon and as needed. Send bottles of sunscreen with the camper's name on it.

Summer Camp Medical Information & Permission Form

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize Preston Meadow KDO Preschool to secure any and all necessary emergency medical care for my child.		
Name of Physician:	Address:	Phone #:
Name of Emergency Hospital:	Address:	Phone #:
Insurance Company:	Policy Number:	Phone#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

**X** \_\_\_\_\_ **Signature of Parent or Guardian**

<b>EMERGENCY CONTACT (other than parents)</b>			
Give the name, address and phone number of person to call if parents or guardian cannot be reached.			
Name:	Address:	Phone#:	Relationship

Permission is hereby granted for Summer Camp staff to administer the medications checked off below without having to notify the parent(s)/guardian(s)

Antibiotic Ointment  
 Benadryl Spray (insect Spray)  
 Mylacon Gas Drops

Caladryl (itching)  
 Diaper Ointments/Cream  
 Other (specify) \_\_\_\_\_

Please check off any of the following medical issues, diseases or allergies the above listed camper has experienced.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Chicken Pox             |
| <input type="checkbox"/> Convulsions    | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Hay Fever                   | <input type="checkbox"/> Heart Defect            |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Hypertension                | <input type="checkbox"/> Hypoglycemia            |
| <input type="checkbox"/> Insect Sting   | <input type="checkbox"/> Measles                     | <input type="checkbox"/> Mumps                   |
| <input type="checkbox"/> Mononucleosis  | <input type="checkbox"/> Poison Ivy                  | <input type="checkbox"/> Other _____             |

Please list out any current Medications the infant is taking.

\_\_\_\_\_

Medications taken during our program hours, must be in the original packaging. A separate form must also be filled out with parent's signature, authorizing staff to give medication.

Upon submitting this registration form, you must attach a copy of their most up to date vaccination record.

To the best of my knowledge, the health history I have provided is correct; and the camper herein described has permission to engage in all prescribed activities of the camp except as noted above.

Signature of camper's parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

**1) CURRENTLY ENROLLED CHILDREN:**

My child attends PMP Program and his/her immunization record is on file at the school and all immunizations and tuberculosis test (if required) are current.

2)  **PRESTON MEADOW PRESCHOOL POLICIES:** I have downloaded a copy of the PMP Program Parent's Handbook from <http://pmlc.org/preschool> including those for discipline and guidance. I have read, understand and agree to abide by the policies as stated in this document.

3) **IMAGE USE:** I hereby  give  do not give – my consent for my child to have his/her PHOTOGRAPH taken and used on bulletin boards, class booklets, school publications and school website.

**I UNDERSTAND I WILL BE PROVIDING ALL MEALS TO BE SERVED TO MY CHILD WHILE IN CARE.**

How did you hear about us?

Preston Meadow Lutheran Church Member \_\_\_\_\_

Preston Meadow Preschool Parent \_\_\_\_\_

Outdoor Banner \_\_\_\_\_

Internet / Website \_\_\_\_\_

Friends / Neighbors \_\_\_\_\_

Other \_\_\_\_\_

**Parent Acknowledgement - Admissions Agreement**

I understand that all paperwork and forms given describe important information regarding Preston Meadow Preschool Summer Camp policies. If at any time I have questions regarding these policies, I should consult a member of the management team. I agree to comply with all policies that are in place and acknowledge that I have received the following information.

I have received a registration form, Medical Statement for Admission, and Parent Handbook ([www.pmlc.org](http://www.pmlc.org) click preschool to locate handbook). These forms include requirements needed for my child to attend the program and I understand this paperwork must be completed and turned in before my child may attend the program.

I have read and will comply with the policies set forth in the Parent Handbook.

My relationship with Preston Meadow Preschool Summer Camp is voluntarily entered into and is subject to termination by me or the preschool with or without cause, at any time that either the preschool or I believe such action is appropriate at will. Such termination shall be subject to all policies relating to termination of services. A two week written and / or verbal notice when withdrawing from the program is required. Without notice the family is responsible for full month tuition payment.

I understand and agree that Preston Meadow Preschool Summer Camp reserves the right to terminate the enrollment agreement for the following reasons:

- End of the summer camp
- Failure to resolve any delinquency in tuition
- Our program is unable to meet the needs of your child
- Our program determines it is not in the best interest of the program and other children enrolled to have my child in attendance
- Our program determines my child or I have been unable to adjust to the program
- Information was falsely stated on the Registration form and/or other required documents
- Parents have not complied with the policies as stated in our handbook

I am responsible for informing office personnel concerning special health, physical, social, or emotional needs my child may have. This includes allergies, pre-existing illnesses and injuries and all hospitalizations as well as any treatment that is being administered to my child.

A copy of the State of Texas Minimum Standards Rules for Child-Care Centers is available for review along with the center's most recent Licensing Inspection Report.

I acknowledge that I have received (via website), read and understand the policies contained in the parent handbook. I further agree to comply with these policies. All forms and requirements must be completed before my child will be admitted into Preston Meadow Preschool Summer Camp.

X \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date