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PreK Logo**TIMBERLAKE CHRISTIAN SHOOLS**

**SUMMER DAY CAMP APPLICATION**

**EXTENDED CARE INFORMATION:**

* **AGES:** The Summer Day Camp is for students ages 3-7 years old.
* **DATES:** The Summer Day Camp program will begin on Tuesday, June 4, 2019 and will end on Friday, August 9, 2019. The first day of school for the 2019-2020 school year will be on Monday, August 19, 2019.
* **NO CARE:** There will be NO Summer Day Camp during the week of August 12-16, 2019 due to teacher work week and NO Summer Day Camp on July 4 due to the holiday. Please plan accordingly.

**STUDENT INFORMATION:**

**DATE:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**STUDENT’S FULL NAME (First, Middle, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ **SEX:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGE CLASS LAST COMPLETED:**  3 Year Old  4 Year Old  5 Year Old  6 Year Old  7 Year Old

**PARENT INFORMATION:**

**FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE DESIRED:**(please check one)

**5 Full Days** (7:00AM – 5:45PM)

**5 Half Days** (7:00AM – 12:00PM)

**3 Full Days** (7:00AM – 5:45PM)

**PARENT PERMISSION:**

TCS occasionally uses pictures of projects, events and students on our website, brochures, advertising, and social media (Facebook, Twitter, Instagram) to highlight our programs. I give my permission for TCS to use my child's picture in these media.

**Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No**

Parent Signature

**OFFICE USE ONLY:**

Date Received: \_\_\_/\_\_\_\_/\_\_\_\_ Registration Fee Paid:  Yes  No Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_ Check #: \_\_\_\_\_\_

**Documents on File:**

Physical  Proof of Identity  Immunization Records

**EMERGENCY CONTACT & AUTHORIZED PICKUP:**

**STUDENT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT INFORMATION:**

**FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo of Father Here: Photo of Mother Here: **

**AUTHORIZED PICKUP:**

*Please list three additional people to contact (if parent(s) cannot be reached) who are emergency contacts and authorized to pick up your child:*

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_**

**Upload Photo Here Upload Photo Here Upload Photo Here**

**  **

**MEDICAL RELEASE FORM**

**STUDENT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN INFORMATION:**

**STUDENT’S DOCTOR:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES:**

Does your child have any food, medication, or environmental allergies?  **Yes  No**

Please provide details of reaction and any necessary treatment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONDITIONS:**

Does your child have any medical conditions we should be aware of?  **Yes  No**

If you answered “yes” please provide necessary detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS:**

Does your child take medication(s) regularly?  **Yes  No**

If you answered “yes” please provide necessary detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIRTH CERTIFICATE:**

If Timberlake Christian Schools does not already have a copy of your child’s birth certificate, please include a copy with your child’s application. To verify that Timberlake Christian Schools has your birth certificate on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org).

**IMMUNZATION RECORDS:**

If Timberlake Christian Schools does not already have a current/up to date copy of your child’s immunization records, please include a copy with your child’s application. To verify that Timberlake Christian Schools has your child’s immunization records on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org).

**CURRENT PHYSICAL:**

If Timberlake Christian Schools does not already have a copy of your child’s physical (completed within the last year), please include a copy with your child’s application. To verify that Timberlake Christian Schools has your child’s physical on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org).

**PERMISSION TO TREAT:**

In case of serious illness, I request the school contact me and I agree to pick up my child within a reasonable amount of time. If unable to reach me, I hereby authorize the school to contact my emergency contact or my physician and to follow his/her instructions. If it is not possible to contact the physician, the school may make whatever arrangement necessary for the benefit of my child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Signature Date Mother’s Signature Date

**FINANCIAL AGREEMENT**

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We, the parents or guardians agree to enroll the above name student for the Summer Day Camp 2019 and agree to pay Timberlake Christian Schools the following tuition fee of:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pay in full) OR $\_\_\_\_\_\_\_\_\_\_\_\_\_ per month OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bi-monthly

**\*\_\_\_\_\_FINANCIAL POLICIES:**

* I/We promise to pay the above selected payment amount in its entirety to Timberlake Christian Schools by the due date to keep our account in good standing. We understand that our student(s) will be unable to start school unless we have paid our tuition in full or we have set up a monthly payment agreement with FACTS.
* Any payments that cannot be processed by the 15th of the month will be accessed a $25.00 late fee by TCS, in addition to the fees charged by FACTS and our bank.
* We understand that TCS does not accept CASH payments for tuition.
* The student(s) listed on the account that becomes past due by 30 days from their normal payment date is subject to dismissal from Timberlake Christian Schools Summer Day Camp until the account is made current.
* All signed contracts with Timberlake Christian Schools are legally binding through the dated period assigned to each.
* We understand that diplomas, report cards, medical information, or transcripts cannot be released if our account if past due.

**\*\_\_\_\_\_PARENTAL COOPERATION:**

* I understand that my child will be expected to participate in school sponsored activities and if I do not wish my child to participate it is my responsibility to arrange for care at my expense and that I will not be refunded any fees should I do so.
* I understand that the Summer Day Camp hours are 7:00am-5:45pm for full day camp and 7:00am-12:00pm for half day camp and I am expected to pick up my child no later than 5:45 pm for full day and 12:00 pm for half day. If late I will be charged a late pick up fee per child of $10.00 per 15 minutes or portion of the 15 minutes that I am late.
* I understand that all necessary documents (application, financial agreement, proof of birth, physical and immunization records) must be on file before my child can start the Summer Day Camp program.

**\*\_\_\_\_\_WITHDRAWAL POLICY:** **If the contracted parties request early withdrawal of a student for any reason:**

* There will be no refund for withdrawing early for vacation
* Prior to the completion of the first week of camp/attendance: a $50 administrative fee and no tuition is owed.
* After the first week of school/attendance: $50 administrative fee, plus a withdrawal fee of 30% of the remaining tuition due (based on remaining days of the program) is owed.
* Executive Committee has full authority over all contracts and has created this policy as they will no longer be accepting contract exceptions. No records will be released until withdrawal fees are paid.

**BUSINESS OFFICE USE ONLY**

|  |  |
| --- | --- |
| G/L | Tuition  (Discount) |
|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |
| # Pymts |  |
| Monthly Pymts |  |
| Start Date |  |

□ Invoiced

□ Sent to FACTS

I have read and agree to the above financial agreement date above.

*(Signed by both parents (if child resides with both) or legal guardian)*

**Father's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mother's Signature: \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Parent/Guardian must initial next to these lines*

**TUITION & FEES**

**REGISTRATION FEE: $50.00**

The Registration Fee secures students placement in the Summer Day Camp and is due with application.

**SUMMER TUITION SCHEDULE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule** | **Hours** | **One Payment**  by May 15th  via FACTS or by check | **Three Payments**  (May 15th – July 15th) via FACTS | **Six Payments**  (May 15th – July 31st) via FACTS |
| 5 Full Days | 7:00AM – 5:45PM | $1,100.00 | $367.00 | $185.00 |
| 5 Half Days | 7:00AM – 12:00PM | $600.00 | $200.00 | $100.00 |
| 3 Full Days | 7:00AM – 5:45PM | $700.00 | $233.50 | $117.50 |

**\**FACTS*** *is an automated payment system that will be processing all monthly tuition payments for the Summer Day Camp. Payments are made via an automatic draft from a checking, savings or credit card. There is a 2.75% convenience fee associated with the credit card option only.*