

**Early Childhood Summer Camp**  
**June 18 through August 24, 2018**  
**9:00am to 1:00, 3:00 or 6:00pm**

**Child's Information**

Name: \_\_\_\_\_ Usually Called: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade in September 2018: \_\_\_\_\_

Where does your child currently go to school? \_\_\_\_\_

**Parents' Information**

Parent's name:	Cell:
Address:	Email:
Employer:	Business phone:
Parent's name:	Cell:
Address:	Email:
Employer:	Business phone:

Please list those with permission to pick up your child from New Amsterdam School:

- 1.
- 2.

Please list any medical issues or allergies that we should be aware of:

**Please indicate your preferred pick-up time:**

- 9:00am - 1:00pm: \$580.00 a week
- 9:00am - 3:00pm: \$720.00 a week
- 9:00am - 6:00pm: \$970.00 a week

Early bird discount is 10% off if enrolled and paid by April 15.

Sibling discount is 20% off for your second or third child.

(Only one discount is available to each family.)

**Please indicate your preferred weeks for Summer Camp:**

week 1 6/18-22	week 2 6/25-29	week 3 7/2,3,5,6	week 4 7/9-13
week 5 7/16-20	week 6 7/23-27	week 7 7/30-8/3	week 8 8/6-10
week 9 8/13-17	week 10 8/20-24		

**2018 Summer Camp Terms and Conditions**

**I understand and agree:**

1. that this payment is for my child’s participation in the noted summer program and that I shall not be entitled to any deduction for my child’s absences or illnesses during the term; that in the event of my child’s withdrawal or suspension from the summer program after classes have started, I shall not be entitled to any refund or proration of fee;
2. that the program requires my child to meet certain standards of behavior and that if my child fails to meet these standards of behavior or demonstrates repeated unsatisfactory conduct, New Amsterdam School has a right to dismiss my child from the Summer Camp;
3. that if my child is not picked up by ten minutes following the end of the program, I agree to pay late fees of \$10 per fifteen minutes;
4. that if my child is injured and requires medical attention, and I cannot be reached for instructions, I do hereby give authority to the New Amsterdam School to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
5. that by allowing my child to participate in the New Amsterdam Summer Camp, I hereby release the New Amsterdam School, the summer camp, and all employees, volunteers, contractors and agents of the program from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in the program.

**Parent/Guardian 1:**

\_\_\_\_\_  
Parent/Guardian Name  
(Please print full name)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian 2:**

\_\_\_\_\_  
Parent/Guardian Name  
(Please print full name)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date