



Payment Contract 2012 - Summer Camps

Child's Name	Birth Date
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Please make your selections below and circle the appropriate amount:

Summer Camp Date/Time		Theme	Patchwork Student	Non-Patchwork
June 4th-8th	9:00am-12:30pm	Garden	\$ 160.00	\$ 185.00
June 11th-15th	9:00am-12:30pm	Bugs	\$ 160.00	\$ 185.00
June 18th-22nd	9:00am-12:30pm	Water	\$ 160.00	\$ 185.00
June 25th-29th	9:00am-12:30pm	Mud	\$ 160.00	\$ 185.00
July 9th-13th	9:00am-12:30pm	Earth	\$ 160.00	\$ 185.00
July 16th-20th	9:00am-12:30pm	Animals	\$ 160.00	\$ 185.00
July 23rd-27th	9:00am-12:30pm	Sun	\$ 160.00	\$ 185.00
July 30th - August 3rd	9:00am-12:30pm	Sky	\$ 160.00	\$ 185.00
August 6th-10th	9:00am-12:30pm	Harvest	\$ 160.00	\$ 185.00

SUBTOTAL	\$
Sibling Discount (5%)	\$
TOTAL	\$

Tuition & Fee Information

Payment must be received in full prior to the start of the camp.
 The "Patchwork Student" price is for children that have been previously enrolled or are enrolled for the future.
 Full refunds are given if cancellation is made prior to two weeks before the camp start.
 There are no make-ups or credits for missed days.
 The Returned Check Fee is \$25.00.
 There is a 10 minute grace period for pick-up times. After ten minutes, an Overtime Fee will be charged.
 The Overtime Fee is \$10 for every 10 minutes (or any portion thereof).
 Overtime Fees will automatically be billed to your account and will be due within ten days.
 Please initial after you have read: _____

Signature

I understand that it is my responsibility to notify a director at The Patchwork School of any intent to withdraw my child from the camp I fully understand and am willing to comply with the policies outlined above. I understand that I am individually responsible for this account. I am aware of the tuition rates and agree to pay based on my selections above.

Parent/Guardian Signature	Date
Printed Name	Relationship to child

Contact Information

Email Address
Phone Number(s)
Address of Person listed above

Additional Information for Patchwork Students

For Patchwork Students, you are NOT required to fill out any of the additional pages as long as all of your existing paperwork is up to date.

Additional Information for Non-Patchwork Students

For Non-Patchwork students, please be sure to fill out the following information and an Image Release in addition to this form.

Child's Primary Address

Siblings (names & ages)

Please Note: The information contained on this form is accessible to all faculty members.

Parent/Guardian Information (1) -- Please list parent/guardians in the order they should be contacted

Name			Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Home Address

Employer Name & Work Address

Parent/Guardian Information (2)

Name			Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Home Address

Employer Name & Work Address

Parent/Guardian Information (3)

Name			Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Home Address

Employer Name & Work Address

Emergency Contact if Parent/Guardian is Unavailable

Name			Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Address

Additional Person Authorized to Pick Child Up (1)

Name			Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Address

Additional Person Authorized to Pick Child Up (2)

Name			Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Address

List Persons Not Authorized to Pick Up (Note: Unless there is a court order to the contrary, both parents are permitted to pick up and assume responsibility.)

Medical Information

Physician's Name		Physician's Phone Number	
Physician's Address			
Dentist's Name		Dentist's Phone Number	
Dentist's Address			
Hospital of Choice		Hospital Phone Number	
Hospital Address			
Insurance Provider (if applicable)		Insurance Policy Number	
Child's Blood Type	Child's Current Weight	Allergies	
Special Medical Needs, Special Dietary Needs, Any Medication Being Taken			

Medical Consent Authorization

I _____ hereby give my permission to **The Patchwork School** to call for medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me, my spouse, or the child's guardian before emergency action is taken, but if this is not possible the expense of emergency medical treatment or care will be accepted by me. I also give permission for my child to be transported away from the premises of the school in case of an emergency, whether on foot or by vehicle, including an ambulance. Emergency medical treatment, including CPR, may be administered to my child in an emergency.

I understand that in an emergency my child will be taken to the nearest hospital.	Please Initial _____
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Permission for Participation

<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child to go on school walks away from the premises of the child care facility, in the company of a responsible adult, on foot.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for the faculty to apply the sunscreen provided by the school or by myself
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I give permission for the faculty to use diaper wipes provided by the school when changing my child's diaper (if applicable).

Parent/Guardian Signature

As parent(s), by filling out and signing this form, you give permission for your child to participate in programs and/or activities authorized by and carried out under the supervision of the staff of The Patchwork School for such time as your child is enrolled.

I have read and agree to abide by the school policies laid out in the school handbook.	Please Initial _____
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Parent/Guardian Signature	Date
Parent/Guardian Signature	Date