



# Camp Registration

Campers Entering 1<sup>st</sup>-8<sup>th</sup> Grade

### Registration Requirements:

- Immunization Records
- Registration Form
- Emergency Information Form
- Registration Fee + 1<sup>st</sup> week Tuition

*\*Registrations will NOT be accepted or processed without all the above requirements.*

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Grade in 2020-2021 \_\_\_\_\_

Male / Female \_\_\_\_\_  
Gender (Circle one) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent/Guardian Email Address \_\_\_\_\_

Name of school attending next school year \_\_\_\_\_ Are you returning to Camp? If No, how did you hear about us? \_\_\_\_\_

Does child have siblings also attending?  Yes  No (If Yes, who? \_\_\_\_\_)

My child may watch movies with the following ratings-Check all that apply:  G  PG  PG13

Does your child have any behavioral concerns or receive special education services?  Yes  No \*If yes, please explain: \_\_\_\_\_

PLACE A (✓)CHECK NEXT TO ALL WEEKS CAMPER IS PLANNING TO ATTEND  <i>CAMP FEES ARE DUE BY 4PM ON THE WEDNESDAY PRIOR TO THE WEEK THAT YOUR CAMPER IS PLANNING TO ATTEND.</i>	WEEKLY RATE OPTIONS					WEEKLY TOTAL	
	FULL DAY OPTIONS		HALF DAY OPTIONS		BEFORE CARE		AFTER CARE
	8 AM to 3:30 PM *\$155/week *TCDS & AOT Students *\$145/week	**NEW OPTION** 6:30 AM to 6 PM *\$195/week *Rate is the same for any student	MORNING HALF-DAY 8 AM to 12 noon *\$115/week *TCDS & AOT Students *\$100/week	AFTERNOON HALF-DAY 11:30 AM to 3:30 PM *\$115/week *TCDS & AOT Students *\$100/week	6:30 AM to 8 AM *Additional \$25/week		3:30 PM to 6 PM *Additional \$50/week
<input type="checkbox"/> Week 1 - June 1-5							
<input type="checkbox"/> Week 2 - June 8-12							
<input type="checkbox"/> Week 3 - June 15-19							
<input type="checkbox"/> Week 4 - June 22-26							
<input type="checkbox"/> Week 5 - June 29-July 2 *Camp closed on 7/3							(Less 20% Discount)
<input type="checkbox"/> Week 6 - July 6-10							
<input type="checkbox"/> Week 7 - July 13-17							
<input type="checkbox"/> Week 8 - July 20-24							

**DON'T RISK LOSING YOUR SPOT! CAMP FEES ARE DUE IN ADVANCE BY 4 PM ON THE WEDNESDAY PRIOR TO THE WEEK YOUR CAMPER IS PLANNING TO ATTEND.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Your above signature indicates that you have read, understand and agree to the Terms of Registration on the reverse of the registration form which includes, but is not limited to, all terms relating to tuition and delinquent accounts, and the publications release. Parent/Guardian agrees to assume full responsibility for all payments and fees. Failure to comply with the terms of registration constitutes a material breach and is grounds for termination of service at the option of Tucson Country Day School. Your signature certifies that the information provided is accurate to the best of your knowledge. This agreement constitutes the full and final understanding of the parties.

ONE-TIME, NON-REFUNDABLE REGISTRATION FEE:

One child **\$30.00**  
Family **\$50.00**

TOTAL PAID AT REGISTRATION:

Office Use  
Ck#: \_\_\_\_\_  
CA#: \_\_\_\_\_  
CC: \_\_\_\_\_

\$ \_\_\_\_\_  
\*Make checks payable to "TCDS"  
 Check here to CONTINUE automatic payments  
 To SIGN-UP for automatic payments check here & fill out Tuition Express Form

## **TERMS OF REGISTRATION:** *\*Read before signing agreement.*

**Tuition/Billing:** *Camp fees are due IN ADVANCE by 4 pm on the Wednesday prior to the week camper is planning to attend.* If you do not do this, we cannot guarantee that we can place you in camp that week. We gladly accept Visa and MasterCard.

**Tuition Express:** Ask us about our convenient payment program. Camp fees are automatically withdrawn from your bank account or credit card account. Families utilizing Tuition Express must note that ***billing is run on the Friday prior*** to the week the camper is "planning to attend". Cancellations must be received in writing by the Thursday prior to the week the camper is planning to attend. Please allow up to 48 business hours for the withdrawal to show on your account.

**Delinquent or non-sufficient payments:** If your account is continuously delinquent, you will be asked to withdraw your child from the program. A \$35.00 processing fee will be assessed for any NSF checks or declined Tuition Express transactions. Recurring NSF checks or declined Tuition Express transactions will require all future payments to be made via cash, credit card, or money order. You will be responsible for all costs involved, including reasonable attorney fees if your account is sent to collections.

**Registration fee** is due upon enrollment and is not refundable.

**Family Discount:** There is a 10% discount for additional children in a family with one full price child enrolled in 5 full days at Camp Adventure, Pre-School or Pre-Kindergarten. The discount applies only to weekly tuition, not to registration fees or special program fees.

**Change in Schedule ~ Cancellations ~ Withdrawal from Program:** To be eligible for a refund, not including the registration fee, cancellations must be made in writing by the Thursday prior to the week you are planning to attend. You will be required to pay all fees for the week you are currently registered for if notice is received after Thursday or if Camper is a "no-show".

**Vacations / Illness:** There are NO credits, adjustments or pro-rating for single or partial day absences. If your child is absent due to illness or vacation, full tuition is due for the time your child is not in attendance.

**Holidays:** Tuition for the week of Independence Day (4<sup>th</sup> of July) will be discounted only if Camp is closed on a weekday. No other adjustments will be made in tuition for any reason.

**Late Pick-Up:** Campers who are not registered in the After Care program and are picked up after 3:30 p.m., will be placed in the fee based program and parent/guardian will be responsible for paying the aftercare fee. If your child remains past the 6:00 p.m., an additional fee of \$20.00 per fifteen (15) minutes or any portion of a fifteen (15) minute period will be charged. If there are multiple children, the fee will be assessed to each child. Habitual late pick-ups may result in removal from program without refund.

**Special Programs Fees:** Field trips and optional programs may be offered. Most of these programs require fees in addition to regular tuition.

**Daily Sign-In/Sign-Out ~ Release of Your Child:** **Your child must be signed in and out each day by an authorized adult using 1<sup>st</sup> initial, complete last name and time of drop-off/pick-up.** Your child will be released only to those persons age 18 years or older whose name(s) appear on the "Emergency Information Record." You must provide the Director or other designated person in charge with written notification if any person other than those listed is authorized to pick-up your child. Written notification must be provided to remove any person from your list. Anyone picking up your child who is not familiar to staff will be asked for proof of identification.

**Lost or Stolen Items:** Camp Adventure is not responsible for any personal items which are lost or stolen.

**Publications Release:** Camp Adventure may use photographs, reproductions and/or any video or sound recordings of your child. Such use would be limited to advertising and publicity for purposes of promotion the school. Please indicate on front of registration form if you do not wish for your child(ren) to be photographed.

**Field Trips:** Supervised field trips may be scheduled to local areas of interest. Your signature authorizes Camp Adventure to take your child on all field trips. In addition, you will be required to sign an authorization form on the day of the field trip.

**Swimming:** Your signature authorizes your child to swim at Camp Adventure throughout the summer program.

**Transportation:** Parents are responsible for providing transportation to and from TCDS.

**Parking Lot Safety:** The speed limit in our parking lot is 5 MPH. Do *not* park your car in the loading/unloading zone located in front of the school. This is for loading and unloading only. Please observe all safety rules in our parking lot. Watch for little ones at all times.

**Medication/Sunscreen:** Camp Adventure will only administer over-the-counter and prescription medication when it is provided by the parent/guardian in the original packaging with a medication consent form signed. By signing this form you authorize Camp Adventure employees to administer sunscreen that has been provided by the parent/guardian.

**First Aid:** Camp Adventure staff may apply first aid and/or secure aid and/or emergency medical services of an ambulance service, physician or hospital. Parent/guardian agrees to assume all financial obligations connected therewith.

**Illness:** Your child will be sent home if he/she has a fever of 100 degrees, is vomiting or has diarrhea. The child needs to be picked up by an authorized adult as soon as possible in the event of the above symptoms. Your child needs to be symptom free for twenty-four (24) hours before he/she may return to school. If your child has been exposed to a contagious disease, you must notify the Director.

**Discipline:** Teaching children to respect others and be responsible for their actions are essential elements in Camp Adventure's philosophy. We aim to create an environment that provides children an opportunity to grow and have fun with age appropriate activities set within consistent limits. Choices, redirection, positive reinforcement and logical consequences including time-out and parent conferences are all tools TCDS may use as we strive to help children grow and learn within our limits. Consistent discipline issues can and may result in child being withdrawn from program with no refund.

**Special Needs Children:** If your child has any special needs, please schedule an appointment with the Director. Your child will be enrolled if it is determined that Camp Adventure can fully meet his/her needs.



CDC/SGH# or name: 3141

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address, Date Disenrolled, Home Phone, Date of Birth, Sex (male/female).

Form with fields: Parent or Guardian Name, Home Address, Cell Phone (optional), Contact Telephone Number.

Form with fields: Parent or Guardian Name, Home Address, Cell Phone (optional), Contact Telephone Number.

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for contact persons.

If Medical care is necessary, call:

Form with fields: Health Care Provider\*, Name, Contact Telephone Number.

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

Form with text: In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Form with field: Name(s):

Custody papers have been provided and are on file at the facility. [ ] yes [ ] no

Telephone Authorization Code (optional):

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

_____		_____	
Cardholder Name		Phone #	
_____		_____	_____
Cardholder Address		City	State Zip
_____		_____	
Account Number		Expiration Date	
_____		_____	
Cardholder Signature		Date	

#### SECTION B (Bank Account)

_____		_____	
Your Name		Phone #	
_____		_____	_____
Address		City	State Zip
_____		_____	
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
_____		_____	
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____		_____	
Authorized Signature		Date	

#### For Official Use Only

Date Received
Employee Signature



A service of



procare  
SOFTWARE®