



# Summer Camp Enrollment Form

## Agreement 2017

### 5<sup>th</sup> June to 11<sup>th</sup> August 2017/ Registration Form

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender:  F  M

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Main Phone number \_\_\_\_\_ Main E-mail address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Work phone number \_\_\_\_\_ Mother's Work phone number \_\_\_\_\_

Father's Cell phone number \_\_\_\_\_ Mother's Cell phone number \_\_\_\_\_

Father's Home phone number \_\_\_\_\_ Mother's Home phone number \_\_\_\_\_

Father's E-mail address: \_\_\_\_\_ Mother's E-mail address: \_\_\_\_\_

Emergency Medical Contact:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Who should be contacted in an emergency when parent cannot be reached?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Person authorized to pick up child (other than parents):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any physical restrictions, dietary restrictions, health concerns, allergies:

\_\_\_\_\_

I affirm that my child is in good health and able to participate in all Summer Camp activities. I release Alianza Eco International School from possible claims for injury to person or property which may arise from participation in activities and hereby agree to hold harmless AEIS, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release:**

I hereby give permission for my child to receive first aid assistance when necessary and be transported for emergency medical treatment to a hospital, (in case neither parent(s) nor emergency contact cannot be reached).

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Participation Release:**

I hereby give permission for my child to accompany her/his class on field trips authorized by the AEIS staff.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release:**

I hereby give permission for my child to be transported to and from AEIS facilities for field trips authorized only by AEIS staff.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Image use Release:**

I hereby give permission for my child to be included in any image recording (picture or movie) connected with the school's program. I understand that those images may be used as documentation on the school's website.

Signature of Parent:\_\_\_\_\_ Date:\_\_\_\_\_I would like to enroll my child an all of the weeks I check. I understand that my designation is my

binding agreement to enroll my child for the weeks indicated.

A. on the following weeks (select at least 3 weeks)

**Week 1**       **Week 2**       **Week 3**       **Week 4**       **Week 5**       **Week 6**  
6/5-6/09      6/12-6/16      6/19-6/23      6/26-6/30      (\*) 7/3-7/7      7/10-7/14

**Week 7**       **Week 8**       **Week 9**       **Week 10**  
7/17-7/21      7/24-7/28      7/31-8/4      8/7-8/11

(\*) 20% discount will be applied on this week (4 days attendance)

B. in the following program and additional care

- Spanish AM
- Spanish PM

*Morning classes: 9:00 -12:30 AM; Afternoon classes: 1:00-4:30 PM*

Full day: 7.00AM - 6.00PM

**Terms of Enrollment - Please read and sign below.**

**Tuition per week:**

Full days-\$230.00 ♦ Half days-\$140.00

**\*There is a 10% discount for two or more children registered in the same household.  
(Discount will be applied to the lower rate)**

**\*\*Special discount for whole program registration: \$200 on full day basis and \$100 off on half days basis (discounts will be applied on the last week of program)**

Payment and waiver of the deposit will not excuse any additional fees or tuition that may be owed to Alianza Eco International School. Waiting list fees are \$30/child (nonrefundable).

1. Registration for the Summer Camp is open to all children from ages 2 to 11. Registration is considered complete when the Registration Form is completely filled out and the corresponding deposits paid.

2. Registration is available on a first-come first-served basis. If a class reaches capacity, a waiting list will be developed and every effort will be made to create additional spaces.

3. All fees and Tuition must be paid on time. Balances must be paid by the first day your child attends the Summer Camp.
4. No refunds will be made. Cancellation after the child's first day at Summer Camp will result in forfeiture of all fees and tuition paid, and will not excuse liability for tuition for additional Summer Camp sessions for which the child is enrolled. No refunds will be made for absences or withdrawals during the camp. In the case of extended illness or accidents, a written note is required in order to receive pro-rated refund. Paid camp tuitions are non-transferable. All changes must be in writing and sent to the Executive Director.
5. It is understood that the parent or guardian signing the application certifies that their child will follow all rules and regulations, and will abide by all decisions by the camp administration. In the event that the rules are broken, proper action will be taken by the camp administration. If there is no change in behavior, the child will be dismissed without a refund. In the event the child causes damage to another person or property, the parent or guardian will be liable for all damages incurred.
6. Medication and special needs of students must be indicated on the student's medical forms. These forms are given out with the Registration forms. Students will not be allowed to attend unless all paperwork is complete.
7. In case of a medical emergency, all efforts will be made to contact the parent or emergency contacts and the child's doctor. In the event that this is not possible, the parent hereby gives permission to the physician selected by the Executive Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or other procedures to stabilize the camper's condition.

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Name & Signature of Parent/Guardian Date

Return all forms to: 12603 Louetta Road, Cypress, Tx. 77429