

# Nature Discovery Christian School

## SCHOLASTIC SUMMER CAMP

### Enrollment Contract

Please mark which weeks / schedule you would like to enroll in:

	<b>July</b>			<b>Aug</b>	
	<b>13</b>	<b>20</b>	<b>27</b>	<b>3</b>	
8:30 - 12:30					<b>TOTAL</b>
<b>Price \$</b>					<b>\$</b>
For internal use only:					
Initials & Date Received					

### PRICES:

5-Day M-F	1 WEEK	4 WEEKS
Morning 8:30-12:30	\$100	\$350

I am enrolling my child, \_\_\_\_\_ for the days/times shown in the above chart.

I understand that (please initial):

\_\_\_\_\_ **Tuition is due PRIOR to attending camp.**

\_\_\_\_\_ Late pickups will be charged a **\$7/hr fee** for each additional hour of care provided.

\_\_\_\_\_ My child's spot will only be guaranteed after pre-payment of at least **\$75**.

\_\_\_\_\_ **Photos of my child** and/or their work **may be taken and shared** on our website or on social media.

\_\_\_\_\_ NDCS has the discretionary right to dismiss my child from the program, with one week's advance notice, in the event that severe behavioral, emotional, and/or social problems arise that consequently impede my child's or other children's success at school. Children will not be dismissed from NDCS until a parent-student-teacher conference has been held and various classroom interventions/ modifications have been tried, with little or no headway being made toward resolving the concerns at hand.

\_\_\_\_\_ I hereby fully waive, release, and hold harmless Nature Discovery Christian School, together with its administration, teachers, volunteers, agents, employees, representatives, officers, and directors from any and all claims, causes of actions, damages, costs, expenses, and other liabilities in any way arising out of or resulting from my child's participation in summer camp, including but not limited to, personal injury, accident, illness, property damage, or any other loss, injury, or harm of any nature whatsoever. I attest and verify that I have full knowledge of any and all risk involved in such participation, and that I will, on behalf of my child, assume full responsibility for such risks and pay any and all medical, emergency, and other costs.

Parent or Guardian Name: \_\_\_\_\_ Tuition Enclosed: \$ \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT INFORMATION

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (first) \_\_\_\_\_ (last) Age: \_\_\_\_\_ Grade (upcoming): \_\_\_\_\_

Primary address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relation: \_\_\_\_\_ (first) \_\_\_\_\_ (last) Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relation: \_\_\_\_\_ (first) \_\_\_\_\_ (last) Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Medical or psychological conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

I authorize the school to administer the following over-the-counter medications:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil/Motrin)
- Benadryl
- Homeopathic Remedy
- Soap and Water Only

Medical insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

In the event of an emergency, I prefer the following hospital for my child:

- Riverbend
- McKenzie-Willamette
- No preference

In addition to the parents/guardians above, I authorize the following to pick up my child:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_