



EARLY ACADEMY'S SUMMER CAMP POLICIES AND PROCEDURES

CHILD'S NAME: _____ DOB: _____

PROGRAM (PLEASE CHECK ONE):

- LITTLE EXPLORERS (CURRENT 2 YEAR OLD CLASS)
- EXPLORERS (CURRENT 3 YEAR OLD CLASS)
- MIGHTY EXPLORERS (CURRENT VPK CLASS)
- SENIOR EXPLORERS (CURRENT KINDERGARTEN, 1ST, AND 2ND GRADERS)

FINANCIAL POLICY

PARENT'S INITIALS _____

I AGREE AND UNDERSTAND THAT I WILL BE RESPONSIBLE TO PAY TUITION FOR THE WEEK(S) MY CHILD IS SIGNED UP FOR SUMMER CAMP. MY BRIGHTWHEEL ACCOUNT WILL BE CHARGED MAY 2ND FOR JUNE CAMP SESSIONS AND JUNE 1ST FOR JULY CAMP SESSIONS. REGISTRATION FEE AND TUITION ARE NON-REFUNDABLE.

LUNCH PLAN

PARENT'S INITIALS _____

PARENTS MUST AGREE TO BRING A NUTRITIOUS LUNCH AND SNACKS IN A LUNCHBOX WITH AN ICE PACK DAILY WITH THE CHILD'S NAME PRINTED CLEARLY. PLEASE SEND A FILLED WATER BOTTLE WITH YOUR CHILD DAILY. CANDY IS ONLY PERMITTED DURING SPECIAL EVENTS.

MEDICATIONS

PARENT'S INITIALS _____

I UNDERSTAND MEDICATIONS WILL ONLY BE GIVEN TO MY CHILD WITH THE PROPER AUTHORIZATION FORM. PRESCRIPTION MEDICATIONS MUST HAVE A PRESCRIPTION LABEL IN THE ORIGINAL CONTAINER AND MUST BE PRESCRIBED FOR MY CHILD.

POTTY TRAINING POLICY

PARENT'S INITIALS _____

I UNDERSTAND THAT CPS EARLY ACADEMY REQUIRES ALL CHILDREN WHO ATTEND TO BE ABLE TO USE SCHOOL LAVATORIES WITH LITTLE OR NO ASSISTANCE. (NOT INCLUDING CURRENT 2 YEAR OLD CLASS)

PLAYGROUND SAFETY

PARENT'S INITIALS _____

I GRANT MY CHILD PERMISSION TO USE ALL EQUIPMENT AND PARTICIPATE IN ALL OF CPS EARLY ACADEMY SUMMER CAMP ACTIVITIES. I WILL NOT HOLD EARLY ACADEMY STAFF RESPONSIBLE FOR INCIDENTS BEYOND THEIR CONTROL. I AM RESPONSIBLE FOR MY CHILD'S MEDICAL EXPENSES IN THE EVENT OF AN INCIDENT THAT RESULTS IN AN INJURY OR ILLNESS THAT OCCURS WITH DAILY PLAY OPPORTUNITIES.

CONSENT FOR USE OF PHOTOGRAPHS

PARENT INITIALS _____

I HEREBY AUTHORIZE AND GIVE FULL CONSENT TO EARLY ACADEMY STAFF, TEACHERS, AND ASSISTANTS TO PHOTOGRAPH MY CHILD(REN) DURING CAMP ACTIVITIES AND EVENTS. I AUTHORIZE AND GIVE FULL CONSENT TO EARLY ACADEMY TO PUBLISH AND/OR PRINT MY CHILD'S PHOTOGRAPH. PHOTOS MAY BE USED ON BULLETIN BOARDS, NEWSLETTERS, WEB-SITES, FLYERS AND OTHER MATERIALS USED TO PROMOTE OUR SCHOOL.

DRESS CODE POLICY

PARENT INITIALS _____

NO UNIFORM IS REQUIRED TO ATTEND SUMMER CAMP. ALL PARTICIPANTS MUST COME DRESSED DAILY IN SCHOOL-APPROPRIATE ATTIRE AND WEAR CLOSED-TOE SHOES. NO SANDALS OR FLIP-FLOPS.

DISCIPLINE POLICY

PARENT INITIALS _____

I AGREE AND UNDERSTAND THAT AT CPS CHILDREN ARE GUIDED AND DIRECTED IN A POSITIVE, GENTLE MANNER. WHEN DEALING WITH A DISRUPTIVE CHILD, A TEACHER WILL ALWAYS TRY TO TALK AND REDIRECT THAT CHILD. WHEN A CHILD IS EXHIBITING HARMFUL BEHAVIOR, HE/SHE MAY BE ASKED TO SIT NEXT TO A TEACHER OR BY HIMSELF OR HERSELF UNTIL HE/SHE HAS GAINED CONTROL. UPON REJOINING THE GROUP, THE TEACHER WILL DISCUSS WITH THE CHILD HIS/HER BEHAVIOR, WHY IT IS UNACCEPTABLE, AND A POSITIVE WAY TO RESOLVE THE SITUATION.

PARENT'S NAME: _____ PARENT'S SIGNATURE: _____

PARENT'S EMAIL: _____ PARENT'S CONTACT PHONE: _____



EARLY ACADEMY'S SUMMER CAMP 2024 EMERGENCY CARD

CHILD'S FIRST AND LAST NAME _____
 DOB _____ PROGRAM _____
 PRIMARY PHONE IN CASE OF EMERGENCY _____
 HOME ADDRESS _____
 PARENT/GUARDIAN _____ PARENT/GUARDIAN _____
 CELL PHONE _____ CELL PHONE _____
 EMAIL ADDRESS _____ EMAIL ADDRESS _____
 EMPLOYED BY _____ EMPLOYED BY _____
 WORK PHONE _____ WORK PHONE _____

PERSON(S) WHO WILL CARE FOR THE CHILD IN CASE THE PARENT/GUARDIAN CANNOT BE REACHED. THESE INDIVIDUALS MAY SIGN MY CHILD OUT (PHOTO I.D. REQUIRED):

NAME	RELATIONSHIP:	PHONE:
NAME	RELATIONSHIP:	PHONE:
NAME	RELATIONSHIP:	PHONE:

PERSON WHO MAY NOT LEGALLY CONTACT OR REMOVE MY CHILD FROM SCHOOL (PROVIDE LEGAL DOCUMENTATION)

LIST ALL HEALTH PROBLEMS AND/OR ALLERGIES (FOOD, MEDICATION, INSECTS, ETC.) EVEN IF PREVIOUSLY REPORTED

PHYSICIAN NAME _____ DENTIST NAME _____
 PHONE _____ PHONE _____

PARENTAL CONSENT: IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, I WANT TO BE CONTACTED BY THE SCHOOL. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CONTACT THE PHYSICIAN OR DENTIST INDICATED ABOVE AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN OR DENTIST, THE SCHOOL WILL TAKE WHATEVER ACTIONS ARE NECESSARY TO PROVIDE CARE AND TREATMENT FOR MY CHILD, AND EXCHANGE MEDICAL INFORMATION WITH THE PROVIDER AS NECESSARY TO SUPPORT THE CONTINUITY OF CARE FOR MY CHILD. I AGREE TO PAY ALL EXPENSES INCURRED BY THE HANDLING OF THE EMERGENCY CARE. IN CASE OF AN ACCIDENT OR ILLNESS WHERE IMMEDIATE TREATMENT OF MY CHILD IS NOT INDICATED, BUT WHERE HE/SHE IS UNABLE TO REMAIN AT SCHOOL, I REQUEST THAT ONE OF THE PERSONS INDICATED ABOVE BE CONTACTED AND REQUESTED TO CARE FOR MY CHILD UNTIL I CAN BE REACHED.

PARENT/GUARDIAN SIGNATURE

DATE



PLEASE RETURN THE LAST THREE PAGES OF THIS PACKET TO THE FRONT OFFICE FOR REGISTRATION

CHECK YOUR CAMPS!

NAME OF CHILD: _____

_____ SUPER HERO'S WORLD
JUNE 3-7

_____ SURF'S UP
JUNE 10-14

_____ CARNIVAL TIME
JUNE 17-21

_____ SAFARI ADVENTURE
JUNE 24-28

_____ STARS AND STRIPES
JULY 1-5

_____ MY MASTERPIECE
JULY 8-12

_____ LIGHTS, CAMERA, ACTION!
JULY 15-19

_____ OLYMPIC GAMES
JULY 22-26

