

# SOLA SUMMER CAMP REGISTRATION & CONTRACT 2012

Please complete this form and return with a check for your deposit to **216 Pine Grove Drive, Wilmington, NC 28403**

**Deposit**

Please understand that your child is not officially enrolled in their week(s) of choice until we receive your deposit of 50% for total number of weeks on or before June 1<sup>st</sup>. If attending more than 3 weeks, please ask about what your deposit should be. We accept major credit cards(sorry no AMEX), checks, and cash.

**Tuition**

Tuition is due by the 1<sup>st</sup> day of the month that your camp week falls. Example: You wish to sign up for July 12<sup>th</sup>-16th. Your full tuition is due on July 1<sup>st</sup>. Deposits are part of the tuition.

**Half Day Camps = \$135 per week 8:30 am until 1pm**

**Early Drop offs = \$15 per week (\$5 per instance & please inform us when you plan to be early!)**Early drops Start at 8am****

**\*\* Ask about our 10% Discount Camp Special!!**

## Which weeks would you like to play with SOLA?

Please specify your choices for camp weeks by bubbling in the appropriate camp weeks and listing the camper's names inside the box.

**Remember that dropping off before 8:30am can be arranged for a small fee!**

<p style="text-align: center;"><b><u>June 11 – June 15</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>	<p style="text-align: center;"><b><u>July 16– July 20</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>
<p style="text-align: center;"><b><u>June 18 – June 22</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>	<p style="text-align: center;"><b><u>July 23 – July 27</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>
<p style="text-align: center;"><b><u>June 25 – June 29</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>	<p style="text-align: center;"><b><u>July 30 – August 3</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>
<p><b><u>July 2 – July 6</u></b></p> <p><b>SOLA Closed....</b></p> <p><b>Happy 4<sup>th</sup> of July</b></p>	<p style="text-align: center;"><b><u>August 6 – August 10</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>
<p style="text-align: center;"><b><u>July 9 – July 13</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>	<p style="text-align: center;"><b><u>August 13 – August 17</u></b></p> <p><input type="radio"/> <b>Half Day Morning Camp (8:30-1:00)</b> camper(s) name: _____</p>

*Have a wonderful Summer!!*

**Withdrawing, last minute drop outs, missed days, etc.:**

When signing up for summer camp in advance it is important that you notify us with at least 15 days notice of dramatic change to your schedule. We allow a small number of children in our camps; therefore, last minute cancellations really affect our ability to run our program optimally. Likewise, dropping out with no notice, or registering then not attending, cannot be refunded. In any event of no shows, cancellation, etc... SOLA will hold you financially responsible for all camp tuition owed until/unless we can find suitable replacement camper(s). Also, if your child misses a day(s) of camp, please understand that we are happy to work with you/our schedule to make up those day(s) but again, we cannot guarantee space available.

**Dismissal**

SOLA has a philosophy of self-discipline, respect and safety. SOLA expects, respectful, safe and gentle behavior at all times. Given the nature of this expectation, children with a disclosed or undisclosed behavioral difficulty, children displaying unacceptable behavior, or cannot perform to these standards while attending SOLA, will be dismissed early, suspended or expelled. Children who are dismissed early, suspended or expelled for any reason are not entitled to a refund or credit or release from financial obligations.

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www.solaschools.com

*\*Please only include names of children for which you are the legal guardian*

## Camper(s) Information :

Full Name	Nickname	Birth Date (M,D,Y)	Grade or Age in June '12	T-shirt Size (youth)
Child#1				S M L XL
Child#2				S M L XL
Child#3				S M L XL

### Parent/Applicant information (PRINT):

Full Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
*\*Please bubble in the best method to reach you during camp!*

### 2nd Parent/Caregiver information (PRINT):

Full Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
*\*Please bubble in the best method to reach you during camp!*

Home Address	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Billing Address	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

In Case of illness or injury please list your local **emergency contact's names** & best phone numbers to reach them:

1. _____	2. _____
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**People (other than parents) authorized to pick up your child at anytime during camp: Is there anyone NOT authorized?**

### **Health Information**

Insured's Name (on insurance policy):	
Insurance Company:	
Child's Full Name as on insurance policy:	
Procedures to follow req. by insurance:	
Policy # or SSN:	
Child's Primary Care Physician & Phone #:	
Child's Dentist:	
Medication Allergies:	
Food Allergies or Restrictions:	
Other Allergies or conditions:	
Medications your child is presently taking:	
Known or suspected behavioral, mental or developmental conditions:	
Comments or other things we should know:	

### **Please Read & Sign:**

I, the parent or legal guardian, hereby authorize SOLA to act for me according to their best judgment in any emergency requiring medical attention for the child or children named above. In addition, I give permission to SOLA staff to begin CPR if deemed needed. I understand it is my responsibility to provide accident and health coverage for the child or children named above while they are attending SOLA Camp. I also authorize the child or children named above to participate in all SOLA indoor and outdoor activities. Undisclosed behavioral issues that my child or children have may cause their dismissal from the program. In this case I realize I'm not eligible for a refund. I will not hold SOLA liable for common accidents that happen involving my child(ren), while in SOLA's care. I agree that photos and/or video of my child or children named above may be used by SOLA for marketing purposes. Your signature conveys agreement with all SOLA policies, written, posted and verbal and that you will be an ethical, considerate parent who lavishes heaps of appreciation upon your child's caregivers who work for praise and leftover cookies.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_