

**Shadow Hills Weekday Summer Program**  
**June 3rd - July 26<sup>th</sup> 2024 | 1<sup>st</sup>-8<sup>th</sup> Grade**  
**Registration Card**



Registration Date: \_\_\_\_\_

**CHILD INFORMATION:**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Child's Birthdate \_\_\_\_\_ Gender  Male  Female Grade Entering 2024 \_\_\_\_\_  
Child's Address \_\_\_\_\_  
T-shirt size: \_\_\_YS \_\_\_YM \_\_\_YL  
                  \_\_\_AS \_\_\_AM \_\_\_AL

**PARENT INFORMATION**

**Mother/Legal Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_

**Father/Legal Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_

**AUTHORIZED PICK-UPS/EMERGENCY CONTACTS:** Authorized pick-up other than parent(s) who may be called in an emergency and/or pick-up your child:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Child's Pediatrician/ Practice Name \_\_\_\_\_  
Doctor's Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Preferred Hospital (in case of emergency) \_\_\_\_\_  
List names and dates of any contagious diseases or **medical diagnoses** child has had, any health problems such as **allergies** (including seasonal) or **special accommodations** that may affect your child's care: \_\_\_\_\_  
List any medications taken on a regular basis \_\_\_\_\_  
List any dietary restrictions \_\_\_\_\_  
List any special needs or concerns \_\_\_\_\_  
Is your child in any kind of therapy? (speech, occupational, etc.) Please explain:  
\_\_\_\_\_

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*Please read carefully and initial each applicable permission/consent listed below*

**Transportation**

\_\_\_\_\_ I hereby give permission to Shadow Hills to transport my child in the event of an emergency evacuation of the facility or in case of medical emergency. I authorize Shadow Hills to transport my child to and from field trips via church vans.

**Photography Release**

\_\_\_\_\_ I hereby give my consent for my child to appear in photographs, video tapes, sound recordings, television films, the school social media page(s), and/or other matters related to the advertising publicity and fundraising purposes of Shadow Hills. I waive all claims for any compensation for such use.

**Brightwheel Application**

\_\_\_\_\_ I understand I will need to use the Brightwheel app/account for billing purposes and my primary communication with my child's teachers. I agree to have pictures/video taken of my child and shared/tagged with me through the Brightwheel app.

\_\_\_\_\_ I do not want my child's picture shared/tagged to **any other child** in the summer camp program.

\_\_\_\_\_ I agree to NOT share any picture or video of another child on social media or the internet. Violation of this policy is a serious offense and may be cause for termination of enrollment.

\_\_\_\_\_ I agree to use the messaging system responsibly, using appropriate language and messaging during operating hours only.

**Illness Policy**

\_\_\_\_\_ I will not bring my child to camp unless they are well. I will also come immediately if the camp calls saying my child has become ill during the day. I will not return with my child until they are symptom free - WITHOUT MEDICATION - for at least 24 hours from the time of pick-up..

**Christian Environment**

Here at Shadow Hills we like to have a positive learning environment. We know good citizenship is important to promote a positive environment for all. A good citizen will...

1. Respect themselves as well as others.
2. Show self-control and take responsibility for their actions.
3. Listen and follow the camp rules and directions.
4. Be courteous to teachers and all staff
5. Respect equipment properly and ask for help whenever needed.

\_\_\_\_\_ I have spoken to my child about being a good citizen and understand my child is expected to follow the rules. I also understand my child will be taught in a Christian environment. I understand they will be taught Biblical songs, stories, Bible verses and will have regular prayer time throughout the day.

***I have read and understand all of the above policies and agree to abide by them.***

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# SHADOW HILLS WEEKDAY SUMMER PROGRAM

## FINANCIAL AGREEMENT



**CHILD's NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Program hours are 7:30 am to 5:30 pm. Drop-off times are from 7:30am - 9:00am.**

*Specific information will be sent out on May 13<sup>th</sup> regarding dress code, field trips, staffing, lunch menu, and the handbook.*

### ENROLLMENT: FEES & SCHEDULE

*\*All Enrollment Fees are NON-Refundable*

Registration Fee	<input type="checkbox"/> \$125 per camper	<i>Due June 1st</i>
Three Week's Tuition <i>*Required for ALL enrollments</i>	<input type="checkbox"/> \$645 full-time <input type="checkbox"/> \$525 3-days <input type="checkbox"/> \$375 2-days	<i>Due June 1st</i>

### WEEKLY TUITION – DUE AND PAYABLE EACH MONDAY BY 9AM

1 <sup>ST</sup> -8 <sup>TH</sup> GRADE DAY DROP-IN FEE			
Daily Drop-In Fee	<input type="checkbox"/> \$70		
1 <sup>ST</sup> -8 <sup>TH</sup> GRADE WEEKLY TUITION			
Week of Attendance	FULL TIME	3 DAYS	2 DAYS
• June 3 <sup>rd</sup> – 7 <sup>th</sup>	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
• June 10 <sup>th</sup> – 14 <sup>th</sup>	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
• June 17 <sup>th</sup> – 21 <sup>st</sup> (closed June 19 <sup>th</sup> )	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
• June 24 <sup>th</sup> – 28 <sup>th</sup> (VBS Week)	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
• July 1 <sup>st</sup> – 5th (closed July 4 <sup>th</sup> and 5th)	n/a	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
• July 8 <sup>th</sup> – 12 <sup>th</sup>	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
• July 15 <sup>th</sup> – 19 <sup>th</sup>	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
• July 22 <sup>nd</sup> – 26 <sup>th</sup>	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125

Tuition is due & payable EACH MONDAY BY 9AM THE WEEK of my child's attendance. *If tuition is not paid by 5pm on Monday, your child may not attend camp the remainder of the week.*

*In signing, I have read, understand, and agree to abide by the camps' Financial Agreement. I agree to pay the non-refundable registration fees, as well as my child's weekly tuition:*

\_\_\_\_\_  
PRINT: Parent/Guardian

\_\_\_\_\_  
SIGNATURE: Parent/Guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Date Applied to Billing: _____	Staff: _____
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