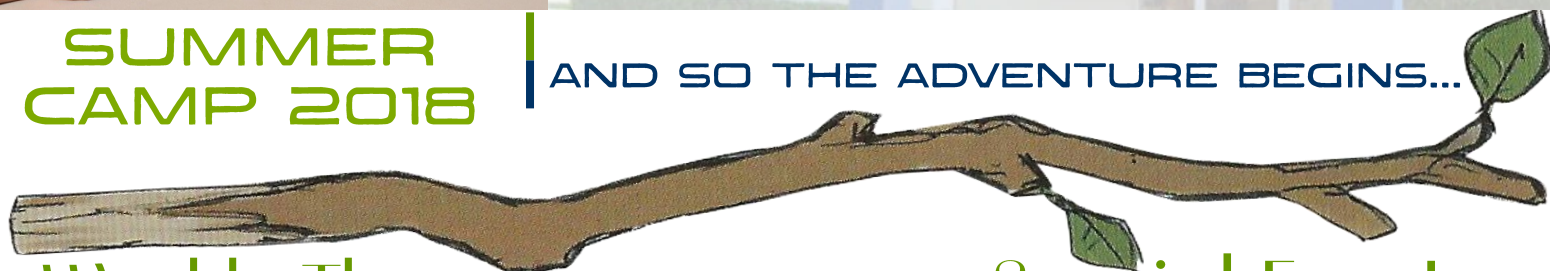




SUMMER CAMP 2018

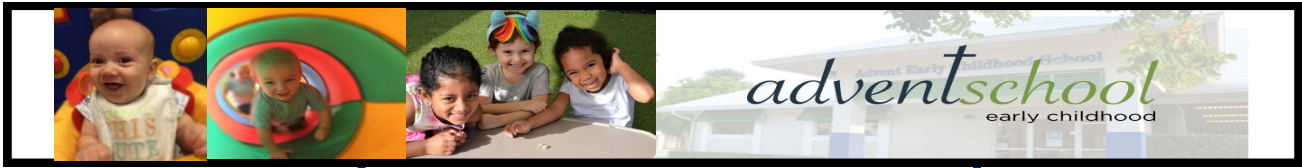
AND SO THE ADVENTURE BEGINS...



Weekly Theme:

Special Event:

May 29th–June 1st: Super Heroes	Character visit and Bounce House
June 4th–June 8th: Emergency Services	Boca Police & Fire visit and Crazy Games
June 11th–June 15th: All About Sports	Soccer Shots
June 18th–June 22nd: Space is the Place	Alien Water Slide
June 25th–June 29th: Boca Extreme Tumbling	Fun Bus
July 2nd–July 6th: Yoga	Many But One Presentation
July 9th–July 13th: S'more Than Camping	Petting Zoo
July 16th–July 20th: Music, Music, Music	Songs for Seeds and Water Slide
July 23rd–July 27th: La Semana de Fiesta	Zumba Class and Geddy the Gecko
July 30th–August 3rd: Pirates & Princesses	Character visit



SUMMER CAMP

AND SO THE ADVENTURE BEGINS...

May 29– Aug 3

Fees: PS-PreK
Non Refundable Registration Fee \$150

Weekly Fees:

Five Days	7:30-5:30	\$240
Five Days	7:30-3:00	\$180
Five Days	7:30-12:30	\$150
Three Days	7:30-5:30	\$175
Three Days	7:30-3:00	\$135
Three Days	7:30-12:30	\$ 90
Two Days	7:30-5:30	\$120
Two Days	7:30-3:00	\$ 90
Two Days	7:30-12:30	\$ 65

Fees: Tot Time
Non Refundable Registration Fee \$150
Supply Fee \$ 50

Weekly Fees:

Five Days	7:30-5:30	\$240
Five Days	7:30-3:00	\$180
Five Days	7:30-12:30	\$150
Three Days	7:30-5:30	\$175
Three Days	7:30-3:00	\$135
Three Days	7:30-12:30	\$ 90
Two Days	7:30-5:30	\$120
Two Days	7:30-3:00	\$ 90
Two Days	7:30-12:30	\$ 65

Fees: PS-Pre K
Single Week Rate- Includes Registration Fee

Five Days	7:30-5:30	\$265
Five Days	7:30-3:00	\$205
Five Days	7:30-12:30	\$175
Three Days	7:30-5:30	\$200
Three Days	7:30-3:00	\$160
Three Days	7:30-12:30	\$ 115
Two Days	7:30-5:30	\$145
Two Days	7:30-3:00	\$115
Two Days	7:30-12:30	\$ 90

Fees: Tot Time
Single Week Rate- Includes Registration Fee & Supply Fee

Five Days	7:30-5:30	\$270
Five Days	7:30-3:00	\$210
Five Days	7:30-12:30	\$180
Three Days	7:30-5:30	\$205
Three Days	7:30-3:00	\$165
Three Days	7:30-12:30	\$ 120
Two Days	7:30-5:30	\$150
Two Days	7:30-3:00	\$120
Two Days	7:30-12:30	\$ 95

10 Week Full Time Fee
May 29- August 3, 2018
\$2,400

Fees for Additional Day/Hours:

	Currently Enrolled	Single Day
7:30-12:30	\$35	\$40
7:30-3:00	\$45	\$55
7:30-5:30	\$60	\$75

Please read new payment policies!

1. ECS Summer Camp Registration form, Registration Fee and supply Fee are due by Wed., 5/24/18.
2. ***3 Auto debit payments processed on: 6/1/18 (weeks 1-3), 6/22/18 (weeks 4-6) and 7/13/18 (weeks 7-10). Service fees apply for credits for auto debited fees.
3. All weekly Camp payments are due on/or before THURSDAY prior to Camp. If payment is not received by THURSDAY, a \$5.00 fee will be added to the following week. Weekly tuition payments can be made by cash, check, or credit card.
4. Returned checks are subject to a \$30 administrative fee.
5. Weekly Payments: Credits cannot be rolled over into following weeks.
6. New students to ECS will also need Birth Certificate, SS#, and 2 Medical forms (3040 & 680).
7. ***Single wk. rates—After 5 wks it is more cost effective to pay reg. fee of \$150.00 and supply fee.

FOR OFFICE USE ONLY:
CLASS CODE: _____

START DATE: _____
CLASSROOM TEACHER: _____

REGISTRATION DATE: _____
TR# _____



CAMP ADVENTure EARLY CHILDHOOD SUMMER CAMP 2018



Week One 5/29 - 6/1/18 4 days	Week two 6/4 - 6/8/18	Week Three 6/11 - 6/15/18	Week Four 6/18 - 6/22/18	Week Five 6/25 - 6/29/18	
Week Six 7/2 - 7/6/18 4 days	Week Seven 7/9 - 7/13/18	Week Eight 7/16 - 7/20	Week Nine 7/23 - 7/27	Week Ten 7/30 - 8/3/18	

STUDENT'S LAST NAME: _____ **FIRST NAME:** _____

NICKNAME NAME: _____ **M**____ **F**____ **AGE:** _____ **BIRTH DATE:** _____

STREET ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME TELEPHONE: () _____ **LAST 4 DIGITS OF SS#** _____

*****PARENT PRIMARY E-MAIL ADDRESS TO RECEIVE SCHOOL NOTICES:**

FATHER' S NAME: _____ **MOTHER'S NAME:** _____

Occupation/Employer: _____ **Occupation/Employer:** _____

E-mail address: _____ **E-mail address:** _____

WK Phone:() _____ **WK Phone:**() _____

Cell/Mobile:() _____ **Cell/Mobile:**() _____

STUDENT LIVING WITH: Both parents-same household () Both parents-shared custody/separate households ()
Mother only () **Father only** () **Other (please specify)** _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE And PICK UP - Person(s) to notify in an emergency if parents cannot be reached:

Name: _____ **Address:** _____ **Telephone/Cell:**() _____

Physician: _____ **Address:** _____ **Telephone:**() _____

Health Information: List any health problems: seizures, allergies, medication and/or restricted activities due to health problems:

Sibling names, birth date and school attending.

Referred to this school by: (circle all that apply) **Friend** **Relative** **Other**

Previous schooling experience - where/when: (if not Advent)

If your child does not speak English, what language? _____ **Does your child understand English? (Y) (N)** _____

AUTHORIZATION FOR PICK-UP (Other than listed above)

Name	Relationship to Student	Local Phone Number	
		Home #	Cell#
		Home #	Cell#
		Home #	Cell#
		Home #	Cell#
		Home #	Cell#

Church Information

Active Member of Advent Lutheran Church: Yes___ No___
I wish to request a church member discount (subject to approval) Yes___ No___
Are you active at any local Church? Yes___ No___
Name of Church and Pastor _____
Has your child been baptized? Yes___ No___

Insurance Information

Student's Health Insurance Coverage: _____
Insurance Co. & Policy# _____

Person Responsible for Payment

(only this person will be the financial contact for this student)

Print Name _____ Signature: _____
Address: (if not listed on form) _____
Email Address: _____
Student Name _____ Relationship to Student _____

Bank Payment Withdrawal Authorization

I (We) hereby authorize Advent Lutheran School to initiate automatic deductions from my (our) bank account and adjust entries to my (our) account at the financial institution listed below for my session payments.

Financial Institution Name _____ Student Name _____

Routing and Transfer Number (bottom of check-first 9 digit number): _____

Account Number (bottom of check): _____ Account Type: _____

- **Amount of Payment One \$ _____ on 6/1/18 (___ WEEKS)
- **Amount of Payment Two \$ _____ on 6/22/18 (___ WEEKS)
- **Amount of Payment Three \$ _____ on 7/13/18 (___ WEEKS)

Payment withdrawal dates: 6/1/18, 6/22/18 and 7/13/18. This authority is to remain in full force and effect as indicated above for 2018 summer camp unless Advent Lutheran School receives written notification of its termination.

Signature: _____ Print Name: _____ Date: _____

****Attach an unsigned voided check from the financial institution account listed above.**

COURT ORDER INFORMATION: EVERYONE MUST ANSWER QUESTIONS BELOW

- Is there a Court Order **barring either parent from removing the student from school?** () Yes () No. If yes, provide Advent ECS with a copy of the applicable Court Order.
- Do parents have **shared (or joint) parental rights and responsibility?** () Yes () No. If no, provide Advent ECS with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.
- Does either parent have **final decision making authority regarding education decisions for the student?** () Yes () No. If yes, provide Advent ECS with a copy of the Court Order stating that one parent has final parental decision making authority regarding education.
- Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact or other Court Order** () Yes () No. If yes, provide Advent ECS with a copy of the applicable Court Order.

PHOTO RELEASE AUTHORIZATION

Occasionally, during summer camp, photos are taken of the students on campus and may be published in a variety of formats which may include a newsletter, mailing brochure, facebook, classroom projects, school website, (<http://www.adventlutheralschool.org>), on DVD, or a press release in a local newspaper.

- () I give my permission to Advent Lutheran Ministries to publish my child's picture for any of the above listed uses.
- () I DO NOT give permission for Advent Lutheran Ministries to publish my child's picture for any uses.
- () I give my permission to Advent Lutheran Ministries to publish my child's picture in only (please circle below)

school newsletter brochures website Facebook DVD's classroom projects Advent Ministry programs Press release

INFORMATION REQUIRED BY PALM BEACH COUNTY HEALTH DEPARTMENT

Please read the following information and sign as indicated

DISCIPLINE PRACTICES

At Advent Lutheran School, Early Childhood Division, we use discipline to establish authority, direction and guidance for the purpose of setting behavioral patterns that show respect, consideration, kindness and encourage personal responsibility. When these patterns are not followed, there are natural consequences. We do not use corporal punishment, belittlement or purposeless tasks as consequences. Age appropriate time away from particular activities or groups is generally used. If unacceptable behavior is harmful to other students, procedures other than those stated below may be necessary, with parental knowledge.

1. Communication with student - Teacher/student classroom discussions of discipline policies and resulting consequences for unacceptable behavior.
2. Unacceptable behavior - removal from the group or activity for a short period of time.
3. Continued unacceptable behavior - child's parent(s) are notified and parent(s), teacher and Administration work together to change behavioral pattern.
4. No change, continued unacceptable behavior - Advent Lutheran School, Early Childhood School Division, reserves the right to require time at home, dismiss the student or to require a psychological evaluation by a state licensed psychologist or agency.
5. Infants/Toddlers will be encouraged to learn acceptable behavior in a developmentally appropriate manner. Behavior that is harmful to others students will be dealt with on an individual basis.
6. Students will be dismissed for continued hurtful behavior.

1. ARTICLE XV,B,7, PBC Rules require that parents must receive a copy of the **Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER.**
2. ARTICLE IV,C,5,PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XIII,B,1,PBC Rules requires that parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if the parents cannot be reached.
4. ARTICLE XII,B,PBC Rules require the parent and the center complete an ALTERNATE NUTRITION PLAN AGREEMENT if the meals or snacks are furnished by the child's parent.
5. Received a copy of the **INFLUENZA VIRUS "The Flu" A Guide for Parents**

PARENT SIGNATURE _____ and DATE: _____

ALTERNATE NUTRITION PLAN AGREEMENT

Indicate Special Dietary Requirements: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

(Mark P for Parent Provides, or C for Center Provides)

<u> P </u>	<u> P/C </u>	<u> P </u>	<u> P/C </u>	<u> P </u>	<u> P </u>	<u> P </u>
Breakfast	AM Snack	Noon Meal	PM Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems that might develop in the use of the Alternate Nutrition Plan.

3/5/2018
Date

Signature of Owner/Operator

Signature of Parent or Guardian (Indicates this document was read.)

Date

SCHOOL POLICY AGREEMENT

I, the undersigned:

- * Have been informed that I may discuss any established policies and procedures with the Administrative Principal prior to the signing of this document.
- * Have been informed that I may inspect facilities, programs and staff any time during operational hours.
- * Give permission to Advent Lutheran School to call 911 and send my child by emergency personnel to a local hospital in the event of an emergency. At no time will school personnel transport a child to the hospital.
- * Give permission to Advent Lutheran School for my child to participate in activities anywhere on the property of Advent Lutheran Church.
- * Have been informed that the **registration fee, supply fee and auto debited fees are non-refundable.**
- * Payments cease only upon completion of the withdrawal form, available in the school offices.
- * Have been informed that payments are made by automatic withdrawal on the 6/1/18, 6/22/18 and 7/13/18.
- * Have been informed that payments received will first be credited to outstanding balances owed on any of Advent's fee-based programs. Credits will be issued when there are no outstanding balances.
- * Have been informed that any returned direct withdrawals or checks will incur a \$30.00 fee per item. Checks and auto debit will be processed a second time.
- * Understand that continued for attendance, re-enrollment, and school information all outstanding fees must be paid (applies to all Advent ministries).
- * Have been informed that a late fee will be charged if my child is picked up after the scheduled pick up time. The fee is \$10.00 for any portion of the first 15 minutes and \$1.00 per minute thereafter (pick-up person's signature required). Excessive lateness may result in withdrawal from school.
- * Accept responsibility for obtaining and familiarizing myself with all Advent Lutheran School information / literature.
- * Understand that it is School policy to continually evaluate students for proper placement developmentally, socially, behaviorally and academically and authorize Advent Lutheran School to use any tests and/or visual observation tools/equipment needed for this evaluation.
- * Understand that there is a "go home" policy for biting and other hurtful behavior. Continued toileting episodes on the Preschool and Pre-K level may result in a period at home to complete training.
- * Understand that continued attendance and re-enrollment will be denied if it is determined that a student will not have a successful school experience at Advent Lutheran School.
- * Authorize Advent Lutheran School staff to keep daily attendance records.
- * Understand it is my responsibility to sign my child(ren) in and out in the classroom and accept the responsibility for recording my child(ren)'s attendance by use of the electronic time clock.
- * Have been informed that the time and activities of employees other than their specific assigned responsibilities at Advent Lutheran School is considered personal "away from work" time and is not authorized, endorsed or the responsibility of the School or Church.
- * Have been informed that the Administration reserves the right to change any policy, procedure or practice without notice at any time.
- * Accept responsibility for conduct, behavior, dress, and language for myself and anyone at this school in my place, and accept that it is to be consistent with the Christian atmosphere and environment of this school.
- * Have been informed that animals/pets are not allowed on any of Advent Lutheran Church/School property.
- * Have been informed that Advent Lutheran Church/School property is a "**Smoke Free Campus**".
- * Accept full responsibility for the direct supervision of any and all children in my care while on Advent property or in Advent facilities. Accept the responsibility of informing anyone caring for my child(ren) on Advent property or in Advent facilities of this responsibility.
- * Advent Lutheran School enrolls and does not discriminate against students of any race, color, national and ethnic origin.
- * Have been informed that Advent Lutheran School's classes and programs are open to all students.

*** Signature Parent/Guardian _____ Date _____

ADVENT EARLY CHILDHOOD SUMMER CAMP SUNSCREEN AUTHORIZATION FORM

Date: _____

I give Advent Lutheran Early Childhood Summer Camp authorization to apply sunscreen on my child throughout the day. I will provide the sunscreen, label it with my child's name and give it to the Summer Camp teacher.

I understand it is my responsibility to apply sunscreen to my child before he/she attends camp each day.

Child's Name: _____ (please print)

Parent's Name: _____ (please print)

Parent's Signature: _____

3/5/18