



Summer Programs available to: Young Toddlers, Toddlers, Twos and Threes

Ages: 14 months (*and WALKING*) by June 8, 2020 and 18 mo. – 3 Years by September 1, 2020
Additional programs offered to Pre-K – 2nd Grade

Child's Name: _____ Today's Date: _____

Date of Birth: ____/____/____ Age as of September 1, 2020 _____

Parent's Name(s): _____ Telephone #: _____

Address: _____ Email: _____

Registration Fee: \$50.00 non-refundable, non-transferable

Choose Camp Hours, Fee, and Program: (Please check one.)

- _____ 8:30 am – 3:00 pm ~ **Full-Time** \$240.00 per week/per child**
- _____ 8:30 am – 12:00 pm ~ **Part-Time** \$185.00 per week/per child**

****Please check the weeks you wish to reserve for your child below.****

Dates subject to change based on county schedules

- | | | | |
|-------------|---|-------------|---|
| ____ Week 1 | June 1 st – June 5 th | ____ Week 6 | July 6 th – July 10 th |
| ____ Week 2 | June 8 th – June 12 th | ____ Week 7 | July 13 th – July 17 th |
| ____ Week 3 | June 15 th – June 19 th | ____ Week 8 | July 20 th – July 24 th |
| ____ Week 4 | June 22 nd – June 26 th | ____ Week 9 | July 27 th – July 31 st |
| ____ Week 5 | June 29 th – July 2 nd | | |

Cambridge® Schools are closed Friday, July 3rd and the week of August 3rd through August 7th.

Please check below to enroll in Before and/or After Camp Programs.

- _____ 7:00 am – 8:30 am ----- \$ 25.00 per week/per child
- _____ 3:00 pm – 6:00 pm ----- \$ 50.00 per week/per child

Camp Payment Schedule

- June 2nd** payment due for Camp weeks 1, 2, 3, 4
- June 22nd** payment due for Camp weeks 5, 6, 7, 8
- July 20th** payment due for Camp week 9

Payment must be received by the above due dates for space to be guaranteed.

****TAKE ADVANTAGE OF LAST YEAR'S RATES IF YOU REGISTER YOUR CHILD BY MARCH 27th.**

FEES WILL INCREASE BY \$20 per/week FOR ANY REGISTRATIONS SUBMITTED AFTER MARCH 27th. **

I HAVE READ AND UNDERSTAND THE POLICIES OF THE CAMP CAMBRIDGE® SUMMER PROGRAM AS DESCRIBED ABOVE AND AGREE TO ABIDE BY THIS AGREEMENT.

Primary Parent/Legal Guardian's Signature: _____ Date: _____

Other Parent /Legal Guardian's Signature: _____ Date: _____

Amount Paid: _____ Payment Type: Check# _____ or Tuition Express _____

Apply Payment to: _____ Authorized Signature: _____



IMPORTANT PAYMENT POLICY FOR SUMMER CAMP 2020

ADDITIONS, CANCELLATION AND/OR CHANGES TO RESERVED WEEKS.

Please understand, these policies are set for all families to have the opportunity to attend Camp Cambridge® and for the safety of all children.

- **I/we understand that weekly camp fees will be honored at last year's rates if registration is completed by March 27, 2020. After that date, rates will increase by \$20.00 per week for any new registrations or added weeks to original registration.**
- **I/we understand that the deadline to make any changes or cancellations to initial weeks registered for without incurring fees is May 22, 2020.**
- **After May 22, 2020, a \$30.00 fee will be charged for cancellation of each reserved week or exchange of each reserved week for another.**
- **A *Camp Change of Week Form* must be completed for any changes made to a reserved week. Additional weeks can be added for no additional fees based on availability.**
- **A minimum of one week notification is required for cancellations or exchanges.**
- **If less than one week notice is given, the payment will be due in full for the week(s) reserved.**

THIS POLICY APPLIES REGARDLESS OF REASON, INCLUDING BUT NOT LIMITED TO ILLNESS, TRAVEL, MOVING, CHANGE OF EMPLOYMENT OR FINANCIAL REASONS.

I HAVE READ AND UNDERSTAND THE POLICIES OF THE CAMP CAMBRIDGE® SUMMER PROGRAM AS DESCRIBED ABOVE AND AGREE TO ABIDE BY THIS AGREEMENT.

Parent/Legal Guardian's Signature: _____ Date: _____



Cambridge®

Topical Ointment Authorization

Authorization form for the application of *non-prescription* topical ointments and/or creams, including but not limited to sunscreen, bug repellent, diaper ointment or teething gel (with a physician's note for children under 2.)

All containers are to be marked with the child's name in permanent marker. Authorization Form must be completed for each non-prescription topical ointment and/or cream.

Child's Name

Age

Room #

I authorize Cambridge School staff to apply the following *non-prescription* topical ointments and/or creams to the above mentioned child, as described below. I understand that these products will only be applied according to product label. Any deviations from labeled directions will require a physician's written authorization. For children under two years, please insure their age is represented on the label or a treating physician's written authorization will be required.

Name of Topical Ointment Cream

Where on the body to be applied

When to be applied

Start date

Expiration Date

This authorization is valid for 1 year.
Upon expiration, place in child's file.

Parent/Guardian Signature

Date

Camp Cambridge® at



Cambridge
SCHOOLS

Swim Screening Permission Form

In preparation for our Camp Cambridge swimming pool activities we will be screening all children that are 3 years old and above in order to determine whether they are **water safe**. Being **water safe** will mean that your child is comfortable going under water, can swim 5 or more feet unassisted and can pop up and take a breath and float by themselves. If you would like your child to participate in swimming pool activities this summer please fill out the permission slip below. This permission slip is giving permission for your child to be screened only. There will be a separate permission slip to complete in order for your child to participate in swimming pool camp activities following the screening.

If the swim instructor determines your child to be **water safe** after their screening they will be issued a bracelet to be worn for swimming pool activities when they are attending Camp Cambridge. The bracelet will be kept here at Cambridge to ensure that it is available and ready for scheduled swimming pool days.

If the swim instructor determines that your child is *not ready* for swim activities there will be opportunities to sign your child up for swim lessons and have them rescreened following a session. In addition there will also be an option for your child to be engaged in camp activities if they are not participating in swimming pool activities.

I do not want my child _____ to participate in swimming pool activities at Camp Cambridge at this time. Therefore I do not want my child to be screened at this time.

Or

I give permission for my child _____ to be screened at Cambridge School in the swimming pool. I understand that this screening will take place during Camp hours and that I may not be present.

Room # _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Date