

Camp Cambridge®
 Summer Tuition Agreement 2020
 6100 Coral Ridge Dr. Coral Springs, FL 33076



Summer Programs Available to Pre-Kindergarten – 2nd Grade

Ages: 4 years by September 1, 2020 through 2nd Grade (Entering the 2020-2021 School Year)
 Additional Programs available for children 14 months through 3 Years

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.
There is a weekly fee of \$20.00 charged per family for full-time police security.

All Camp Cambridge Programs are 8:30 am – 3:00 pm

Camp Cambridge - \$240 per week

Specialty Camps - \$290 per week

Kindergarten Boot Camp - \$300 per week

****Please check the weeks you wish to reserve for your child below** Dates subject to change based on county schedules
 Cambridge® Schools are closed Friday, July 3rd and the week of August 10th through August 14th.**

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 month of June Camp (weeks 1, 2, 3)

June 22nd payment due for month of July Camp (weeks 4, 5, 6, 7)

July 20th payment due for month of August Camp (week 8, 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.**

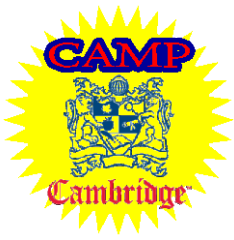
I HAVE READ AND UNDERSTAND THE POLICIES OF THE CAMP CAMBRIDGE® SUMMER PROGRAM AS DESCRIBED ABOVE AND AGREE TO ABIDE BY THIS AGREEMENT.

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: _____



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Choose one camp per week:

	Camp Cambridge	Become the Artist w/Ms. Stormy	S.T.E.M. Camp w/Ms. Julie	Drama Camp w/Ms. Irene	Soccer Camp w/SoccerTots	Kindergarten Boot Camp
Week 1 June 8 – June 12						
Week 2 June 15 – June 19				2-Week Camp		
Week 3 June 22 – June 26						
Week 4 June 29 – July 2						
Week 5 July 6 – July 10				2-Week Camp		
Week 6 July 13 – July 17						
Week 7 July 20 – July 24						
Week 8 July 27 – July 31						
Week 9 August 3 – August 7						

Child's Name: _____ Date: _____



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



Cambridge®

Camp Cambridge® K-2 Program Questionnaire Summer 2020

Date: _____

Child's Name: _____ Date of Birth: _____

My child's first day to attend Camp Cambridge will be _____.

Name of School attending fall 2020: _____

Grade entering fall 2020: _____

Medical History

Type of Birth: ___Normal ___Premature ___Complications

Please explain: _____

Please list any conditions, illnesses, allergies, or special needs that we should be aware of:

Please list any medications that your child takes on a regular basis:

Please list any special eating habits your child may have:

___I **do not** need to meet with a Director to further discuss my child's specific needs.

___I **do** need to meet with a Director to further discuss my child's specific needs.

Please list any other information, medically or socially about your child that you need our staff to be aware of.

Parent/Legal Guardian Signature

Print Name

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