

Brenwood Academy Summer Camp 2017

Admissions Agreement & Contract for Services
 8991 East Cherokee Drive, Canton GA 30115
 770-704-4925



Child's Full Name:		Sex:	Age:
Child's Social Security Number:		Entrance Date:	Withdrawal Date:
Child's Address:			Child's Home Telephone:
Father's (or Guardian's) Name		Address & Telephone (if different):	
Father's Social Security Number:		Father's Cell Phone:	
Name & Address of Employer:		Work Hours:	Work Telephone:
Mother's (or Guardian's) Name:		Address & Telephone (if different):	
Mother's Social Security Number:		Mother's Cell Phone:	
Name & Address of Employer:		Work Hours:	Work Telephone:
Marital Status & Child's Living Arrangements (if divorced, provide proof of custody):			E-Mail Address:

Please initial next to each week that you wish to reserve for your child.
Billing will be based on this agreement. All weeks signed for will be charged.

Parents Initials	Extended Day (\$30 / Week) 6-7a & 5-6:30p	Week	Dates (\$160 / Week) 7a-5p	Staff Initial
		1	May 30 - June 2	
		2	June 5 - June 9	
		3	June 12 - June 16	
		4	June 19 - June 23	
		5	June 26 - June 30	
		6	July 3 - July 7	
		7	July 10 - July 14	
		8	July 17 - July 21	
		9	July 24 - July 28	
separate schedule for planned weekly activities and field trips				

**For Office Use Only
Deposit Charged:
Deposit Paid:
Registration Charged:
Registration Paid:



PARENTAL AGREEMENT

The Child may be released to the parents signing this agreement or to the following:

Name & Relationship: _____ Address: _____ Telephone: _____

Should my child become ill during the time that he/she is in the care of Brenwood Academy, or suffer an accident of any nature, the center shall undertake to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent shall assume responsibility for payment). I agree to keep the center informed as to changes in telephone numbers, etc. where I may be reached.

Emergency contact when parents cannot be reached:

Name & Relationship: _____ Address: _____ Telephone: _____

Physician to be contacted when parents cannot be reached:

Name: _____ Address: _____ Telephone: _____

Does child have any allergies? No? _____ Yes? _____ Please List: _____

Medical/mental/emotional problems or any special procedures required for the care of your child? No? _____ Yes? _____

List: _____

Father's Signature: _____	Date: _____	Mother's Signature: _____	Date: _____
Directors Signature: _____			Date: _____



- Junior Summer Adventure Camp is available to children 4 to 5 years old and who have already attended Pre-K (rising Kindergarten).
- The Summer Adventure Camp begins on Tuesday, May 30, 2016 and ends on Friday, July 28, 2016. The center will be closed on Monday, May 29, 2017 in observance of Memorial Day and Tuesday, July 4, 2017 in observance of Independence Day. Camp hours are from 7:00 a.m. until 5:00 p.m. Extended care is available for an additional charge of \$30.00 per week which includes the hours of 6:00am – 7:00am and 5:00pm-6:30pm. Extended care may not be prorated to a per-day basis. There will be a \$2.00 per minute late pick up fee for every minute late after scheduled pick-up time.
- A \$35.00 non-refundable registration fee per child is required upon enrollment.
- A deposit of \$160.00 per child is due upon receipt of this agreement. This deposit will be applied towards payment of any amount due at end of reserved dates.
- Rates are \$160.00 per reserved week payable by the Friday preceding the week of attendance. Rate includes breakfast, lunch and snack. Some in-house field trips may have additional charged due to the price of admission or distance from the school; parents will be notified in advance if additional fees apply. Rates are billed on Wednesday and payable by Friday without any penalties. Admittance is not guaranteed unless payment has been received in advance. These fees are non-refundable. Late charges of \$5.00 per day will be charged from the bill date up to and including the date that payment is made.
- Rates for Drop-In days are \$40.00 per day. All weeks must be reserved before the first day of enrollment.
- You will be responsible for payment of all weeks reserved. Weeks cannot be cancelled and payment forfeited for any reason.
- Adding reserved week(s) after enrollment must have director's approval. All added week(s) must be written and signed in the color red.
- No refunds or credits will be issued for non-attendance.
- A two week notice cannot be given and reserved weeks deleted.
- Switching of weeks is not permitted after reservations have been made. Staffing is planned in advance based on your reservation.
- Brenwood Academy reserves the right to cancel or reschedule planned in-house field trips for circumstances that may be beyond our control. No refunds or credits will be issued if cancellation or rescheduling occurs.
- Children exhibiting unacceptable behavior may be denied participation in future in-house field trips at the sole discretion of the director.
- Parents and their children agree to abide by all rules and policies of Brenwood Academy as stated in Handbook of Policies and Procedures, which is available at the front desk, and by the terms agreed upon by this agreement.
- Sandals may only be worn during designated water-related activities. "Sneakers" must be worn before and after these activities.
- Sunscreen should be applied to your child before they come to camp. Sunscreen may be applied in the afternoon to your child if parent brings and signs a permission form. Sunscreen must have child's name on bottle and will be kept in locked cabinet out of reach. Sunscreen will not be permitted to be kept in child's bag.
- Swimsuits and other swim related items must be labeled with child's first and last name.
- No electronic devices will be allowed to be brought from home.
- Brenwood Academy is not responsible for lost or stolen items.

I understand and agree to abide by the above rules.

Child's Name

Parent's Signature

Date



PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for Brenwood Academy at 8991 East Cherokee Drive, Canton GA 30115, to record the participation and appearance of my child _____, by photograph and/or videotape in connection with daily campus and off campus activities for the purposes of news releases, reporting, and assessing the progress of children and the program.

Brenwood Academy and its contractors are authorized to exhibit or distribute such photographs and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that Brenwood Academy deems appropriate. Such photographs and/or videotape may, for example, appear in printed or visual materials for Brenwood Academy or on Brenwood Academy's website.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Brenwood Academy and any other entities contracted by the provider from any actions, agreements, claims, controversies, demands, judgements, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

SIGNATURE (parent/guardian): _____ Date: _____



Vehicle Emergency Medical Information

(Separate form to be kept in transportation vehicle during field trips or emergencies)

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if **Brenwood Academy** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____