



85 Greenway South, Forest Hills Gardens, NY 11375
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angelsinthegardens.com

Summer Camp 2024 Enrollment Application

9 Weeks of fun in the sun!

6/26/2024-8/22/24

Child's Name: _____ Child's DOB: _____

Please circle:

<u>5 DAYS (M-F)</u>	<u>3 DAYS (MWF)</u>	<u>2 DAYS (Tue & Thur)</u>
8:30-2:30	8:30-2:30	8:30-2:30
\$4,500	\$3,600	\$2,700
\$500 per week	\$400 per week	\$300 per week

2-3 year old half day summer camp (limited space only)

<u>5 DAYS (M-F)</u>	<u>3 DAYS (MWF)</u>	<u>2 DAYS (Tue & Thur)</u>
8:15-11:30	8:15-11:30	8:15-11:30
\$3,150	\$2,700	\$2,250
\$350 per week	\$300 per week	\$250 per week

Select if needed:

- Early drop-off 7:30AM & late pickup 3:30PM is an additional \$50 per week

You are signing up for the entire 9-week summer program. Payment obligations are based on the hours you agree to facilitate in our program, not the actual hours of attendance. You must pay for the days your child is out sick or on vacation/holiday, and school holidays. There will be no make-up days. There is a non-refundable \$150 registration fee to enroll in summer camp, due upon enrollment.

Home Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Home Phone #: _____

Employment: _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Parent's DOB: _____ Parent's SSN #: _____

Parent's Name: _____ Home Phone #: _____

Employment: _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Parent's DOB: _____ Parent's SSN #: _____

Please provide us with an **E-Mail Address(es)** in which you would like to receive our calendar & updates: _____

Physician of Child: _____ Phone #: _____

Please list any your child's **ALLERGIES**: _____

If your child has an allergy please fill out the allergy action form. If your child has a prescribed Epi-pen or asthma inhaler, a form must be completed, and the medications must be kept at school.

Emergency Contact/Authorized Pick-Up List:

In the event an emergency should occur please list additional family members or friends that can be contacted if we are unable to reach the child's guardian/s. Also who is authorized to pick up your child?

1. Name: _____ Address: _____

Phone#: _____ Relationship: _____

2. Name: _____ Address: _____

Phone#: _____ Relationship: _____

Walk Authorization

I _____, hereby give permission for my son/daughter _____ to participate in walking trips with Angels in the Gardens during school hours. I understand students will be properly supervised at all times.

Photo Release**Please check the Following**

_____ I _____ authorize Angels in the Gardens to photograph my child for childcare project purposes, school advertisements, andt the family photo sharing app BAND.

_____ I do not authorize Angels in the Gardens to photograph my child for childcare project purposes, advertisements, school website, and family photo sharing on shutterfly share sites.

Angels in the Gardens Child Care Corp.
Policy Agreement Form

Please read and sign below acknowledging that you have answered all the questions above to your best awareness and understanding and that you agree and will abide by our policies below

1. Angels in the Gardens is not responsible for any personal belongings; clothing, shoes, jewelry, toys etc. **Please remember to LABEL your child's individual belongings.** We have the right to discard any soiled clothing due to sanitary purposes.
2. Tuition is due on the first day of the week your child attends camp. There will be a late fee of \$5 each day tuition is outstanding. Statements will be emailed. After 3 notices tuition will go into collection. (No personal checks or credit cards accepted). Tuition is accepted in Cash or automatic bank checks mailed directly to the school from your bank.
3. There is a Non-Refundable enrollment and registration fee of \$150 due upon your child's enrollment date. (which can be paid in Cash , check, or via venmo @angelsinthegardens including a \$5 surcharge for electronic payment)
4. Angels in the Gardens requires a **one week security payment upfront**, which is non-refundable. This payment goes towards your last week of camp.
5. **Tuition is due at all times during summer camp. Payment obligations are based on the hours you agree to facilitate in our program, not the actual hours of attendance. You must pay for the days your child is out sick or on vacation/holiday/snow/weather emergencies, and school holidays. There will be no make-up days for sick, vacation days, holidays, inclement weather emergencies, flash flooding/power outages, etc.**
6. As per NYC mandate all students must receive the Dtap, poliovirus, MMR, varicella and hepatitis B, and yearly flu vaccines.
7. Angels in the Gardens requires a doctor's note if your child has been diagnosed with strep throat, pink eye, influenza, or any other communicable disease. Without a doctor's note stating the wellness of your child, we cannot allow their attendance back to school. (Please understand this is for the consideration of your child's fellow classmates and teachers' well-being).
8. Angels in the Gardens Child Care Corp. has the right to terminate your child's enrollment at any time.
9. If your child is currently receiving early intervention services please provide a copy of the evaluation reports and frequency/duration of services.
10. Each child is under an evaluation period for the first month. Please refer to the parent handbook with our policies regarding supporting families when there is a concern about your child's development.
11. Angels in the Gardens Child Care Corp is open Monday – Friday, 7:30am-3:30 pm, if your child is picked up after their scheduled time you will be responsible to pay a late fee. Please keep in mind our staff members have other obligations such as school or other employment. This fee will be given to them for watching over your child after the center is closed.

I (Parent/Guardian print name) _____ have answered all the above questions to my best knowledge and agree to abide by Angels in the Gardens Child Care Corp. policies listed above in addition to the parent handbook.

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



1 WEEK POLICY AGREEMENT

Angels in the Gardens requires a one week security payment upfront, which is non-refundable. This payment goes towards your last week of camp.

I _____ the Parent/Guardian of _____
am aware of Angels in the Gardens 1 week policy. I will abide by the agreement.

Parent/Guardian Signature _____ Today's Date _____