

Prince of Peace Learning Center
Summer Camp 2017 – Parental & Financial Agreement

1. My Child, _____, will be participating in the following Prince of Peace Learning Center's Summer Camp Program(s).

June 12-16: Super Summer Camp

June 19-23: Where in the World Camp

July 10-14: Cowboy/Cowgirl Camp

July 17-21: Decades Camp

August 14-18: Brrr! It's Freezing Camp

August 21-25: Shake, Rattle & Roll Movement Camp

2. The charge for Summer Camp is \$75 per week (\$60 each sibling) regardless of the number of days attended. Payment is due on Monday of each camp. There is a return check fee of \$20.
3. All account balances/promissory notes must be paid up/in good standing in order to attend camp.
4. Summer camp is for children 3-7 years of age. POPLC reserves the right to group all ages together or group by age depending upon the number of children attending. **August camps are for 3 & 4 year olds as POPLC PK5, Kindergarten and 1st grade is in session.**
5. All camps starts at 9:00a. We welcome your child at 8:50a each day of the camp. All camps ends at 1:00pm.
6. I understand that there is no After Camp Care offered during the months of June & July; therefore I agree to pick up my child at 1:00pm and no later during the months of June & July. After school is offered in August since PK5, Kindergarten and 1st grade class are in session. Participants of the August preschool summer camps are welcome to attend afterschool from 1:00-6:00pm. I agree that I will pick up my child no later than 6pm in August. If there is an emergency, I will call the school at (770) 627-5562.
7. Morning snacks and water/juice/milk will be provided by the school. I understand that I will provide a healthy sack lunch for my child each day.
8. Before any medication is dispensed to my child by staff, I will provide a written authorization, which includes: dates; name of medication; prescription number, if any; dosage; date and time of day medication is

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to be given. Medicine will be in the original container with my child's full name marked on it.

9. I understand that for the protection of my child and other children, I will not bring a child into the school that is ill or that possesses one of the following: fever (must be free for 24 hours without the use of fever reducing medicines), vomiting or diarrhea, scarlet fever, German measles, mumps, chicken pox, or whooping cough, common cold through 7 days, sore throat, croup, unexplained rash, skin infection, scabies, lice, or pink eye. The facility agrees to keep me informed of any incident, including illnesses, injuries, adverse reactions to medications, etc. which involve my child.

10. If my child appears to be afflicted with an illness, the parent or caretaker will be contacted to pick up the child immediately and that child will not be allowed back to Camp without a doctor's note.

11. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel. I have verified the pick-up information on file.

12. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc. I have reviewed the information on file and assure that everything is up-to-date and is applicable for the summer camp timeframe.

13. I agree to abide by the policies and procedures of PRINCE OF PEACE LEARNING CENTER. I understand that a copy of the policies is available to me at all times in the office.

Parent's Signature

Date

Phone Number

Child's Name

Child's Date of Birth

POPLC Director's Signature

Date

Quick Look Emergency Card

Child's Name _____ Date of Birth _____

Last

First

Middle

Address _____

Street

City

Zip

Allergies _____

Special Medical Needs and Conditions _____

Mother's Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Father's Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Additional Contact _____ Phone _____

Insurance Company _____ ID/Group # _____

Child's Physician _____ Phone Number _____

Preferred Local Medical Facility _____