

LML Compass Camp: Eight Weeks of WOW!



Registration Form 2024

Parent/Guardian Information

Name: _____ Contact PH Number: _____

Address: _____

City/State/Zip Code: _____

Email Address: _____

Employment: _____ Phone Number: _____

Name: _____ Contact PH Number: _____

Address: _____

City/State/Zip Code: _____

Email Address: _____

Employment: _____ Phone Number: _____

Attendee(s) — Our camp is for children who are entering Pre-K4 through grade 5.

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Grade Entering</u>
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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Child's Schedule/Arrival & Pick-up Times: (It is extremely important that parents abide by these times to ensure proper staff/child ratios). Please advise the director if there is a change in the schedule.

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday _____

Emergency Contacts

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone Number: _____

Phone Number: _____

Authorized Individuals to Pick Up Your Child(ren)

First Name: _____ Last Name: _____ Phone #: _____

First Name: _____ Last Name: _____ Phone #: _____

First Name: _____ Last Name: _____ Phone #: _____

Custody

Name of person **PROHIBITED** from picking up the child(ren): _____
If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child(ren), please explain below and attach a copy of appropriate court order.

Medical Information:

Physician's Name: _____ Phone Number: _____

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

Medical Insurance Co.: _____ Policy#: _____

Please include any details LML Compass Camp Staff should be aware of regarding physical limitations. Also, indicate if your child(ren) has an IEP? If so, does the IEP include a behavioral plan?

Allergies

Please list any allergies (food, mold, dust, etc.) your child may have and indicate who has the allergy:

Child's Name: _____ Allergy: _____

Treatment: _____ Severity: Mild ___ Moderate ___ Severe ___

Child's Name: _____ Allergy: _____

Treatment: _____ Severity: Mild ___ Moderate ___ Severe ___

Child's Name: _____ Allergy: _____

Treatment: _____ Severity: Mild ___ Moderate ___ Severe ___

If either Child has a severe allergy, Parent/Guardian is responsible for ensuring that staff are aware of the allergy and an EpiPen or similar medication is always available to the LML Compass Camp staff. Further, the Parent/Guardian permits LML Compass Camp to administer the medication to the Child in case of an emergency:

I, _____, Parent/Guardian to Child(ren) listed above, hereby consent to the administration of emergency medication to the above-named Child(ren) in the event of an allergy-related emergency, according to the dosing instructions provided by my child's Physician to LML Compass Camp staff.

Medicines

Please list any medicines your child is to take during the camp day and when:

Emergency: In the event of an emergency, I authorize LML Compass Camp to seek emergency medical care for my child as deemed necessary by the director or the director's designee.

Parent/Guardian's Signature: _____ Date: _____

Compass Camp: Eight Weeks of WOW!



Select Weeks: (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Week 1, June 24-28 | Theme: Superheroes |
| <input type="checkbox"/> Week 2, July 1-5 | Theme: Science, Technology, Engineering, Arts, and Math |
| <input type="checkbox"/> Week 3, July 8-12 | Theme: Olympics |
| <input type="checkbox"/> Week 4, July 15-19 | Theme: Arts & Crafts |
| <input type="checkbox"/> Week 5, July 22-26 | Theme: Carnival |
| <input type="checkbox"/> Week 6, July 29-Aug 2 | Theme: World Cultures |
| <input type="checkbox"/> Week 7, August 5-9 | Theme: Space |
| <input type="checkbox"/> Week 8, August 12-16 | Theme: Animals |

YOU CAN SIGN UP FOR ONE OR MORE WEEKS

Weekly Rates: 1st Child: \$200 Each Sibling: \$180

Rutgers Assistance Accepted

We accept Rutgers and Employer-provided assistance for payment for LML Compass Care.

Will you be applying for Rutgers Assistance? Yes _____ No _____

Registration Fee and Payment Due Dates: All Fees are non-refundable.

All payments are handled by a third party called Kinside. You must set up payment through them.

Each weekly payment is due two weeks prior to the date registered. For example, if you registered your child for June 24, then payment is due on June 10.

FULL-TIME RATE

1st child _____ weeks x \$200 = _____ + \$50 registration fee = _____ total

2nd child _____ weeks x \$180 = _____ + \$10 registration fee = _____ total

3rd child _____ weeks x \$180 = _____ + \$10 registration fee = _____ total

3-DAY RATE

1st child _____ weeks x \$150 = _____ + \$50 registration fee = _____ total

2nd child _____ weeks x \$135 = _____ + \$10 registration fee = _____ total

3rd child _____ weeks x \$135 = _____ + \$10 registration fee = _____ total

2-DAY RATE

1st child _____ weeks x \$120 = _____ + \$50 registration fee = _____ total

2nd child _____ weeks x \$108 = _____ + \$10 registration fee = _____ total

3rd child _____ weeks x \$108 = _____ + \$10 registration fee = _____ total

PARENT/GUARDIAN RESPONSIBILITIES

Responsibilities and Agreements—Please initial each of the following to indicate that you have read and understand each item.

- ____ 1. My child is not allowed to come and go freely from LML Compass Camp.
- ____ 2. I understand, for the safety of everyone in the program, my child may be required to wear a mask which will be provided by LML Compass Camp.
- ____ 3. I understand that I am committing to having my child attend Compass Camp for the days/weeks which I have selected and I am responsible for paying the rate that goes with my selection.
- ____ 4. I will inform the LML Compass Camp Director of any changes or concerns that may arise relevant to my child.
- ____ 5. I must notify the LML Compass Camp Director in writing of any early departure changes.
- ____ 6. I understand that if I do not pay the weekly fee at least two weeks in advance of the due date, my child cannot attend LML Compass Camp.
- ____ 7. If a medical emergency arises, LML Compass Camp will first attempt to contact me. If they do not reach me, LML Compass Camp will call the emergency contact person or my child's doctor. If the emergency is such that immediate hospital attention is necessary, LML Compass Camp staff will take measures to see my child is transported to the hospital. I will be responsible for all costs incurred.
- ____ 8. I understand that LML Compass Camp will operate each day from **7:30 AM-5:30 PM**.
- ____ 9. It is my responsibility to ensure that my child arrives to camp **no later than 9:00 AM**. I understand that no late arrivals are permitted except for a doctor's appointment.
- ____ 10. If my child has a doctor's appointment, they will arrive to camp no later than 12:00 PM. I will notify Compass Staff of the appointment and late drop-off in advance.
- ____ 11. It is my responsibility to see my child is picked up by the designated closing time of 5:30 PM.
- ____ 12. I understand that a late fee of \$5.00 per child for each and any portion of 15 minute segments will be charged and due that day.
- ____ 13. **I understand that there is no refund for any fees charged as a part of my child's camp registration.**

I understand and agree to abide by the above parent responsibilities.

I understand that this is a legal contract and I agree to the rules set above.

Signature

Date

YOUR CHILD CANNOT START AT COMPASS CAMP WITHOUT THIS PAGE SIGNED AND A COMPLETED PACKET SUBMITTED.

***Submit this registration in person or by mail to:
Compass Academy Charter School, c/o LML Compass Camp
23 W Chestnut Ave, Vineland, NJ 08360
Questions? Call LML directly at 856-553-6281 or
email dwall@letmelearn.org***



LML Compass Camp Photo Release Form

Child Name

_____ LML Compass Camp may use my child's image in videos, publications, and the website.

_____ LML Compass Care may **not** use my child's image in videos, publications, or the website.

Parent or Legal Guardian Signature

Date