

LML Compass Camp: Eight Weeks of WOW!



Registration Form 2025

Parent/Guardian Information

First Name: _____ Last Name: _____ Contact PH Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Employment: _____ Phone Number: _____

First Name: _____ Last 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 6.

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Grade Completed</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

First: _____ Last: _____ First: _____ Last: _____

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:

1. _____ 2. _____

3. _____ 4. _____

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):

- Week 1, June 23-27 Theme: Superheroes
 Week 2, June 30-July 3 Theme: Science, Technology, Engineering, Arts, & Math
 Week 3, July 7-11 Theme: Arts & Crafts
 Week 4, July 14-18 Theme: Space Exploration
 Week 5, July 21-25 Theme: Carnival
 Week 6, July 28-Aug 1 Theme: Global Village
 Week 7, August 4-8 Theme: Flavors, Feasts, and Fun
 Week 8, August 11-15 Theme: All Creatures Great and Small

YOU CAN SIGN UP FOR ONE OR MORE WEEKS

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

Early Drop-Off (7 am) Available for \$35 per week per child.

Rutgers Assistance Accepted

We accept Rutgers assistance for payment for LML Compass Care.

Do you have a CURRENT Rutgers contract? Yes No

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 23, then payment is due on June 9.

FULL TIME	Regular Weekly Cost		# of Weeks		Reg. Fee		Total Cost	OR	Early Drop-off Weekly Cost		# of Weeks		Reg. Fee		Total Cost
EXAMPLE	\$200	X	3	+	\$50	=	\$650	OR	\$235	X	3	+	\$50	=	\$755
1st Child	\$200	X		+	\$50	=		OR	\$235	X		+	\$50	=	
2nd Child	\$180	X		+	\$10	=		OR	\$215	X		+	\$10	=	
3rd Child	\$180	X		+	\$10	=		OR	\$215	X		+	\$10	=	
3-day RATE	Regular		Weeks		Reg. Fee		Total Cost	OR	Early Drop-off		Weeks		Reg. Fee		Total Cost
EXAMPLE	\$150	X	3	+	\$50	=	\$500	OR	\$185	X	3	+	\$50	=	\$605
1st Child	\$150	X		+	\$50	=		OR	\$185	X		+	\$50	=	
2nd Child	\$120	X		+	\$10	=		OR	\$155	X		+	\$10	=	
3rd Child	\$120	X		+	\$10	=		OR	\$155	X		+	\$10	=	
2-day RATE	Regular		Weeks		Reg. Fee		Total Cost	OR	Early Drop-off		Weeks		Reg. Fee		Total Cost
EXAMPLE	\$120	X	3	+	\$50	=	\$410	OR	\$155	X	3	+	\$50	=	\$515
1st Child	\$120	X		+	\$50	=		OR	\$155	X		+	\$50	=	
2nd Child	\$120	X		+	\$10	=		OR	\$155	X		+	\$10	=	
3rd Child	\$120	X		+	\$10	=		OR	\$155	X		+	\$10	=	

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 commit 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 at 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 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 with 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 info@letmelearn.org



LML Compass Camp Photo Release Form

Child (or children's) Name(s)

_____ 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