



Learning, fun and quality care

## 2018 SOI Summer Day Camp:

June 25<sup>th</sup> – August 24<sup>th</sup>

School's Out Inc. will operate a nine-week Summer Day Camp on the dates listed. School's Out Summer Day Camp will run from 7:30 a.m.- 5:45 p.m. All transportation will be provided by the Bethlehem Central School District. Tuition is \$225/week with a 10% military & sibling discount.

A \$25 non-refundable registration fee/family & a \$25 non-refundable weekly deposit is due upon submission of completed registration form.

*\*\*The week of July 4<sup>th</sup> will be discounted at a rate of \$180/week due to the holiday. All balances on account must be current prior to participation in summer program\*\**

<b>Child's Name:</b>	<b>Sex:</b>	<b>DOB:</b>	<b>Grade (as of 9/1/18):</b>	<b>A t-shirt will be provided; please indicate size below:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>		

<b>1. Parent/ Guardian Name:</b>	<b>Cell #:</b>	<b>Work #:</b>	<b>Employer:</b>
<b>Home address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Email:</b>
<b>2. Parent/ Guardian Name:</b>	<b>Cell #:</b>	<b>Work #:</b>	<b>Employer:</b>
<b>Home Address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Email:</b>

**In case of emergency, list at least two people (16 years-old or older) to be contacted if neither parent can be reached and will also be authorized for pick-up:**

<b>1. Name:</b>	<b>Relationship to child:</b>	<b>2. Name:</b>	<b>Relationship to child:</b>
<b>Home address:</b>	<b>City:</b>	<b>Home address:</b>	<b>City:</b>
<b>Zip Code:</b>	<b>Cell #:</b>	<b>Zip Code:</b>	<b>Cell #:</b>

### HEALTH INFORMATION/MEDICAL TREATMENT

My child does not have any health concerns.

If applicable, please list any disabilities, allergies, medical conditions, prescriptions or special concerns for your child.

*If your child will require medication during the Summer, please email the Program Registrar ([programregistrar@schoolsoutinc.org](mailto:programregistrar@schoolsoutinc.org)) with an updated Health Care Plan & Medication Consent Form with registration.*

My child does not receive special services from the School District.

If applicable, please provide a brief description of the special services for your received from the School District, including IEP:



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As Parent or Legal Guardian of \_\_\_\_\_,  
I hereby authorize School's Out, Inc., in an emergency, to grant consent to any physician deemed appropriate to conduct the required tests and provide necessary medical treatment/care to the above-named child, if Parent #1 or Parent #2 cannot be reached.

<b>Name of Physician or Medical Service:</b>	
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**TRANSPORTATION PERMISSION** - I give permission to School's Out, Inc. to transport my child(ren) to and from swimming at area state parks, field trips, and special activities. School's Out, Inc. has contracted with Bethlehem Central School Transportation Department to provide daily bussing. The bus will drop off and pick up at the Summer Program Site located at 239 Delaware Avenue, Delmar, NY.

**SUNSCREEN / INSECT REPELLANT PERMISSION** – I give permission for School's Out, Inc. to administer the sunscreen and/or insect repellent I provide for my child when she/he is attending the School's Out Program if my child cannot apply it. It will be my responsibility to supply a sunscreen lotion and/or insect repellent and to bring it to the program site with his or her name on it.

**SWIM PERMISSION FOR THE USE OF THE DIVING BOARD** - I give permission for School's Out, Inc. to allow my child to use the diving boards when she/he is attending the full day School's Out Summer program. School's Out requires that the children can swim safely across the pool in deep water

**I DO NOT GIVE permission for my child to use the diving board.**

I acknowledge that all information given is current and accurate. I agree to abide by the policies and procedures of School's Out, Inc. *This authorization is valid through August 2018 unless revoked in writing.*

Parent/ Guardian Name (Print)	Parent/ Guardian Signature

** \$ 25 non-refundable deposit is needed per week**		Balance Due:
	<b>Week 1: 6/25-6/29</b> "Summer Camp Sports Kick-Off"	6/15/18
	<b>Week 2: 7/2-7/6</b> "It's a Party in the USA"	6/22/18
	<b>Week 3: 7/9-7/13</b> "Unicorns & Dragons"	6/29/18
	<b>Week 4: 7/16-7/20</b> "SOI Private-I"	7/6/18
	<b>Week 5: 7/23-7/27</b> "Summer Splashdown Party"	7/13/18
	<b>Week 6: 7/30-8/3</b> "Camping 101: Woodland Creatures & Outdoor Fun"	7/20/18
	<b>Week 7: 8/6-8/10</b> "Hello Hollywood"	7/27/18
	<b>Week 8: 8/13-8/17</b> "It's the Pirates life for me!"	8/3/18
	<b>Week 9: 8/20-8/24</b> "Solar Sun-sations"	8/10/18

Check enclosed		Tuition Express Automatic Payment		Tuition Express Online Scheduled Payment		MyProcure	
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Please return completed form to :239 Delaware Ave Delmar NY 12054 -OR- email to: soi@schoolsouting.org