

The Sherwood Academy

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Director-Staci Mayhill

Summer Adventure Camp 2020

I. GENERAL INFORMATION

Name: _____ Date of Birth: _____ Child Lives With _____

Home Address: _____ City/Zip _____

Parent/Guardian's Name: _____ Email Address _____

Mother's Cell/Work: _____ Father's Cell/Work: _____

Date of Admission: _____ Date of Withdrawal: _____ Custody Documents on File _____

Name, phone number, address and relationship of person to call in case of an emergency if parents/guardian can't be reached:

Name/Relationship _____ Phone _____

Address _____

I hereby authorize my child to leave The Sherwood Academy with **ONLY** the following persons. Please include names and phone numbers. Identification will be checked for all persons listed below.

II. AUTHORIZATION & INFORMATION FOR EMERGENCY MEDICAL ATTENTION

***List any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illnesses, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and other pertinent information which the staff of The Sherwood Academy should be aware of:**

Does your child have any diagnosed food allergies?

Plan submitted on?

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or the person in charge to take my child to:

Name of Physician: _____ Phone: _____

Name of Hospital: _____ Phone: _____

***I give consent for this facility (The Sherwood Academy) to secure any and all necessary emergency medical care for my child.**

PARENT SIGNATURE: _____ **DATE:** _____

III: HEALTH REQUIREMENTS- Please read all information carefully and **sign**.

___ My child is a current student at The Sherwood Academy and required medical forms are current and on file.

___ My child is currently enrolled at _____ and required medical forms are on file.

___ I have included my child's most recent vaccination records or affidavit of exemption and a current Dr's statement of health.

As a licensed facility, we are required by law to keep certain medical records on file. We greatly appreciate your cooperation.

PARENT SIGNATURE: _____ **DATE:** _____

IV: PHOTO RELEASE AND POLICIES- Please read all information carefully and sign.

I give permission for photos of my child to appear in advertising materials such as news ads, brochures, website and social media promotions. Names are never used in conjunction with photos.

I agree to provide a snack and a lunch (extended day only) each day for my child. 2 snacks are required for children who stay until 5pm. I understand that food services are not provided by The Sherwood Academy. I understand that I will be expected to pay for any snacks (\$4) or lunches (\$8) that The Sherwood Academy may have to provide.

I have read and agree to abide by the operational policies set forth in the Operational Policies and Guidelines, A Parent’s Handbook.

I understand that should my child fall ill while at school must arrange for an immediate pick up.

PARENT SIGNATURE: _____ **DATE** _____

V. FINANCIAL AGREEMENT AND SCHEDULE

All prices include supply costs. Please check each selection.

___ June 1-5	AUSTRALIA	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ June 8-12	ROBOTS	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ June 15-19	SHARKS	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ June 22-26	PROCESS ART	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ June 29-July 3	LEGO	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ July 6-10	DISCOVER NATURE	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ July 13-17	POTTERY	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ July 20-24	SURVIVAL ISLAND	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80
___ July 27-31	STEAM	___ M-F(9-3) \$225	___ M-F(9-12) \$135	___ T/W/TH(9-3) \$135	___ T/W/TH(9-12) \$80

Options Available for Each Camp (prices are per camp)

___ 7am arrival	\$20 (3 days per week)	\$30 (5 days per week)
___ 8am arrival	\$10 (3 days per week)	\$15 (5 days per week)
___ 5pm pick up	\$25 (3 days per week)	\$40 (5 days per week)

Total due for all camps \$ _____.

- A 10% non-refundable security deposit of _____ is due at the time of camp enrollment.
- Balance Due June 1st _____ Balance Due July 1st _____.
- A \$25.00 late fee will be assessed to all camp fee payments received after the 5th of each month.
- A \$30.00 returned-check fee will be assessed for all returned checks.
- A 14-day written notice of withdrawal is required to terminate camp fee obligations.

- ___ Pay in Full Option (5% Discount, payment due at the time of enrollment).
- ___ Sibling (10% discount applies when the first child is paid at full rate).
- ___ Active Duty Military/Police/Fire/EMS/ISD (10% Discount).

Discounts may not exceed 15% per family. Payments not received by the 10th of each month may result in forfeiture of placement.

PARENT SIGNATURE: _____ **DATE** _____