The Academic Camp @ Spring Academy is back in 2024, after the last 2019 Summer offerings! Famous for its high-quality academic summer classes and fun-filled foreign language classes, Spring Academy will offer this unique Learning + Language camp for 4 weeks, July 29th to August 23rd.

## Highlights:

### **Prevent Summer Learning Loss!**

- Our summer camp provides great value to students and families by combining two or more camp programs!
- \* Certified teachers and first aid/CPR trained to ensure the safety of your child.
- \* Half day academic classes to prep your rising 2-8th graders for next academic year!
- \* For rising 2nd graders Critical Thinking Foundation class (limit to 10 students), to train your child's reading, reasoning and logic skills. 50%+ past students from the Critical Thinking class got into the highly selective Westfield district GT program.
- \* For rising 8th graders Magnet Prep class. 95% 100% of past campers got into a Union County Magnet school!
- \* Half day Foreign Language camp (Chinese Mandarin or Spanish)
- Bi-weekly field trips!

How Camp Works: <u>Camp for rising 2nd to 8th graders</u>: Featured academics and enrichment programs ensures your child not only takes advantage of the summer break to preview knowledge for the next academic year for a jumpstart, but also immerse in a foreign language and culture learning and enjoy the daily activities such as Drawing, Dance, board games, Science project and crafts. On Fridays, campers will either go on field trips or engage in the 'Big Brother, Big Sister' initiative by working with preschool students thus promoting their leadership and communication skills.

SCHEDULE: Students will be grouped by grade level and follow the schedule below: Monday through Thursday

9:00AM to 12:00PM - academic classes (1 hour English + 1 hour Math + 1 hour activity)

12:00PM to 1:00PM - Lunch time with optional catered hot lunch program **@45/week** 1:00PM to 4:00PM - Foreign Language camp in either Chinese (Mandarin) or Spanish

4:00PM to 6:00PM - After care. Social & play time, pick-up time.

Friday - Full day field trip or 'Big Brother, Big Sister' activities

## Camp Factsheet:

Date: July 29th to August 23rd, total of 4 weeks

Camp Hours: Camp program runs from 9AM to 4PM daily. Before Care (8AM to 9AM) and After Care (4:00PM to 6:00PM) are offered at additional \$50/week.

#### Registration:

- Minimum of 3 weeks signups. Sign up early, as spaces are limited! Send in completed registration forms along with \$50 registration fee, \$200 deposit and \$65 Book & General Material per child.

<b><u>Program</u></b> (Please check one or more	2)
□ 5 full days 9am-4pm (\$430/week	x) □ 5 full days + BC&AC 9am-4pm (\$480/week)
$_{\square}$ 4 full days 9am-4pm (\$380/week	c) 🗆 4 full days + BC&AC 9am-4pm (\$430/week)
$_{\square}$ 4 half days 9am-12pm (\$280/wee	ek) 🗆 4 half days 1pm-4pm (\$280/week)
<ul> <li>Critical Thinking Foundation for</li> </ul>	rising 2nd graders: 7/29-8/9, 1pm - 4pm: \$1,000
□ Magnet Prep for rising 8th grade	ers: 8/12-8/23, 1pm - 4pm: \$1,000
<u>Check the Weeks</u> (Rate is based or signups.)	n 4 weeks. Weekly rate will be \$10 extra for 3-week
□ July 29th - August 2nd	□ August 5th - August 9th
□ August 12th - August 16th	□ August 19th - August 23rd

**Hot Lunch program:** a catered, high quality hot lunch program is provided to all full day students daily, with a cost of \$50/week.

**Note:** we use a third-party vendor who delivers daily fresh lunch.

# Early Bird Special -10% DISCOUNT!

Expired 1/31/2024, FULL PAYMENT MUST BE RECEIVED BY 3/31/2024. (Discount is not applicable to Critical Thinking & Magnet Prep class)

## **Summer Camp Registration Form**

Student Last Name			First Name				
Date of Birth		Gender (please circle one): Male Fema		Female			
Home Addres	ss: Street						
City			State	Zip			
Home Phone			(	Cell Phone			
Email Address	s						
Mother's Nan	ne		Mother's W	ork Phone _			
Father's Nam	e		Father's Wo	rk Phone			
Emergency Co	ontact		Emergency	Phone Num	ber		
Session Desir	ed:						
5 Full Days	From		to				
4 Full Days	From		to				
4 Half Days	From		to				
Tuition & Fee	es						
Tuition	Material	Lunch - \$50/wk	Registration	Total	Deposit	Paid	Balance
	\$65		\$50		\$200		
Deposit, Registration feinformation s	stration fee, te se are non-refu ubmitted to th that full payme	d for each child at xtbook, and mater indable. Tuition is e camp before or o ent needs to be ma	rial fee are due u due by on your first can	ipon registra  np day is requ	Camper's haring the	nealthy and State Reg	d vaccine ulation.
Parent/ Guard	dian's Signatur	e		Date			
Camp Admini	strator			Date			

## **Camp Release Form and Agreement**

My child,	, is allergic to	. I
give my consent for the school to	contact my child's doctor for any required information:	
Pediatrician's Name	Phone #	_
school-printed publications, e-mails, was acknowledge the Spring Academy's rig that Spring Academy may choose not to I hereby grant Spring Academy publications and all other media whether perpetuity, and for other use by the Contract of the second	grant permission to Sprig Academy to use my child's photograph in rebsites, or advertisements without further consideration, and I ht to crop or treat the photograph at its discretion. I also acknowle to use my photo at this time, but may do so at its discretion at a late permission to use my likeness in photograph(s)/video in any of its ther now known or hereafter existing, controlled by Spring Academy enter. I will make no monetary or other claim against Spring Academy deo and reserve the right to discontinue the use of photos without	dge er date. / in ny for
right to dismiss any child from our pro- threatens the camp or school experience and/or for any other reason deemed rea Spring Academy believes that a positive parents or guardian is essential to the reserves the right to cancel this agreen the actions of a parent or guardian ma	place where all children feel welcome and safe. Therefore, we reserve grams who are disruptive, exhibits any behavior that intimidates or see of any other camper/student, is destructive to school property or go asonable by any of the Programs Directors.  The eard constructive relationship between the school and the student student's development and the school's goal. Therefore the school ment or not to offer re-enrollment if the Center reasonably concluding ke such a relationship impossible or seriously interfere with the Certific decision of the Center in this regard shall be final.	grounds nt's es that
As Legal guardian, I hereby recognize to participating in school activities, there employees from any injuries and/or do onsite or off-site during activities, in such enrolled in the Spring Academy. Spring an emergency but I will bear all associated by signing below, I hereby agree that to of my child and the other children visite (its owners, officers, directors, agents, claims, or liability (including attorney's any inaccuracy or omission made by modern to the content of the cont	hat the Spring Academy is not responsible for injuries sustained wherever release Spring Academy, its agents, administration, an amages, including those incurred during transportation to/from the ammary, all medical expenses suffered and/or incurred by my child academy could call Emergency Care (9-1-1) on behalf of my child eated costs.  The Center may take action that it considers prudent to protect the string the premises. I further agree to indemnify, defend and hold the employees, successors, and assigns) harmless from and against allates and costs) directly or indirectly caused by my child or resulting the in completing this Agreement or other information provided to the voluntarily as to its contents and intent. By signing below, I agree to	d/or school, while during safety Center actions, g from he
<ul> <li>Yes, we have received, read</li> <li>Center's policies as so described</li> </ul>	and understand the Spring Academy policy and agree to abide by	the
Devont/Cuardian signature	Data	

## Spring Academy (育泉学校) 2024 Academic Camp Camp Policies and Procedure

Camper's name:	Birthday//
Address	Phone#

#### **LUNCH AND SNACKS:**

SA Westfield preschool and K students will have a hot lunch program 5 days a week. Lunch fee is \$40/week excluding drinks and desserts. Lunch fee for rising 2nd - 8th graders is \$45/week and is optional.

#### **CLOTHING:**

Campers should wear appropriate play clothes to the camp. All clothes must be labeled. Please mark your child's name on all his/her belongings. Spring Academy Summer Camp is not responsible for any items lost or broken on the premises or while on trips.

#### **ABSENCES:**

Attendance is important at camp. Please be sure to e-mail the camp office by 9:00 am if your child (or children) will be absent. There are no credits or refunds for absences.

#### **LATE PICKUPS:**

In case of late pickups later than your assigned pickup time, an additional cost of \$1 per 1 minute will be charged. Please call the camp office if you will be late picking up your child(or children).

#### **DISCIPLINE POLICY:**

In keeping the camp's core values, caring, honesty, respect, and responsibility, appropriate behavior is expected from all participants. If behavior becomes unmanageable or is threatening to the well-being of others, the Spring Academy Summer Camp reserves the right to dismiss any participant from the camp.

#### **REGISTRATION:**

Registration is taken on a first-come, first-serve basis. The registration fee is \$50 per child.

Registration fee is NON-REFUNDABLE.

<u>Early Bird Special</u>: Total tuition + fee is due in full to take advantage of the special discount.

**PAYMENT/DEPOSITS/REFUNDS:** \*for special promotions such as early bird discount, the total (tuition + fees) is due upon registration to take advantage of the special discount rate.

A deposit of \$200 per child is required to process each registration. These deposits are NONREFUNDABLE and NON-TRANSFERABLE. Deposits are applied toward balances due for all weekly fees. 50% of payments are due on March 1, 2024. The remaining balance is due before May 15, 2024. All payments are non-refundable after May 15, 2024. A \$25 late fee will be added to all camp payments after the due date. Campers will not be permitted to attend camp without payment in advance. In a very emergency situation (supported by doctor's notes or other legal documents), you may receive 90% of your camp tuition ONLY if Spring Academy received a written request 10 days before the first day of camp with the camp officer's authorization. Each returned check will be charged a \$25 processing fee.

#### **CHILD RELEASE AUTHORIZATION FORM:**

1. Persons AUTHORIZED to pick up a child from the camp (Parents must be listed below):	
Name Phone Relationship Name Phone Relationship	
2. Persons <b>NOT</b> AUTHORIZED to pick up a child from the camp:	
CHILD FIELD TRIP AUTHORIZATION:  I, as father/Mother/Guardian, authorize my childt trips of Spring Academy Summer Camp.	to join the field
I have read and understand all of the policies set forth by the Spring Academy Summer Camp. I hereby fill up all the truth according to the best of my knowledge. I allow my child(ren)to participate in all aspects of sumr including walking trips to local parks and other trips. I consent that photographs taken of my child(ren)are the Spring Academy Summer Camp and may be reproduced as the Spring Academy desires, free of any claim	mer camp ne property of
I also authorize Camp staff to apply sunscreen to my child's exposed skin as needed.	
Parent/Guardian Signature Date	

## SPRING ACADEMY SUMMER CAMPER MEDICAL FORM

Parents may complete this form. A doctor's visit is not required

AN IMMUNIZATION RECORD IS REQUIRED

SERIOUS ILLNESS SERIOUS INJURY SERIOUS INJURY STOMACH/BOWEL APENDICITIS SURGERY KIDNEY/BLADDER SKIN/GLANDS INFECTION EARS MENSTURAL PROB. EYES NOSE/SINUS BACK/LIMB/JOINTS	Child's Last Name	First Name	
Parent/Guardian Contact Information: Name: Emergency Contact #: Name: Emergency Contact #: Additional Contact Person (in the event parent/guardian cannot be reached): Name: Emergency Contact #:  Doctor's Name: Phone #: Restrictions if any: Will your child be taking medicine at camp? YES NO If yes, name of medications:  HISTORY OF PAST/PRESENT DISEASE:  WES NO YEAR YES NO YEAR YES NO YEAR YES NO YES SERIOUS ILLNESS HEART SERIOUS INJURY STOMACH/BOWEL DEFORMITY APENDICITIS DEFORMITY APENDICITIS SURGERY KIDNEY/BLADDER SINNG/LANDS INFECTION SEARS MENSTURAL PROB. EARS MENSTURAL PROB. EYES HERNIA RUPTURE NOSE/SINUS BACK/LIMB/JOINTS TETH BEHAVORIAL COND. THROAT/TONSILS CHEST/LUNGS ALLERGIES (SPECIFY)  AUTHORIZATION  TO the best of my knowledge, the Medical History is complete and accurate. I know of no reason to restrict the applicant's activity and give my permission for participation in all activities except as specifically noted here I cannot be reached in an EMERGENCY, I hereby permit the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named abo	Camp program (check one)	<b>?</b> 2 – 5 <sup>th</sup> Grade <b>?</b> 6+ Grade	
Name:	Parent/Guardian Contact Inform Name:	Emergency Contact #:	
Restrictions if any:  Will your child be taking medicine at camp? YES	`	,	
YES NO YEAR YES NO YEAR  SERIOUS ILLNESS HEART SERIOUS INJURY STOMACH/BOWEL DEFORMITY APENDICITIS SURGERY KIDNEY/BLADDER SKIN/GLANDS INFECTION EARS MENSTURAL PROB. EYES HERNIA RUPTURE NOSE/SINUS BACK/LIMB/JOINTS TEETH BEHAVORIAL COND. THROAT/TONSILS CHEST/LUNGS ALLERGIES (SPECIFY)  OTHER (SPECIFY)  AUTHORIZATION  To the best of my knowledge, the Medical History is complete and accurate. I know of no reason to restrict the applicant's activity and give my permission for participation in all activities except as specifically noted here I cannot be reached in an EMERGENCY, I hereby permit the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named about the camp director to hospitalize, secure proper treatment for an accuracy the camp director to hospitalize.	Restrictions if any: Will your child be taking medici		
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