Welcome to summer camp! With your help we can provide a safe and fun environment for your child. Please read the following policies and sign below.

Parent Agreement and Registration Form

* I understand that tuition is due at the first drop off each week. Tuition payments will not be delayed to a later day in the week. Drop off will not be allowed without payment.
* Every child must be signed in and out. No child will be allowed to leave the building without being escorted by a parent/guardian or authorized adult listed below.
* I understand that Learning Bridge ASP LLC. is exempt from all Bright from the Start rules and regulations for summer camp.
* Summer camp is open 7:00 a.m. to 6:00 p.m., Monday – Friday, except for the holidays listed on the parent information form. After 6:00 p.m. late fees of $1 per child per minute will accrue.
* I understand there is a four-week minimum agreement for summer camp. By registering, I agree to pay for at least four weeks part time summer camp tuition.
* **Registration will be capped at 200 students.** Sign up early! Non-Refundable $20 registration fee per child due with registration.

**Program Type:** ❑Full Time ($125/week) ❑3 Days ($75/week) **Anticipated First Date Staying:\_\_\_\_\_\_\_\_**

**Child 1:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Grade **Next** School Year: \_\_\_\_\_\_\_\_\_

**Child 2:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Grade **Next** School Year: \_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Day #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Day #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you give any other adults permission to pick up your child, please list them below. (Photo ID will be required)

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies or special accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of the above child(ren), understand that I am responsible for full payment of selected Summer Camp program, and agree to abide by the camp policies listed above.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Staff use (please circle payment method)

Amount Paid: \_\_\_\_\_\_\_\_ School accepting registration: \_\_\_\_\_\_\_\_\_\_\_ Cash Credit Card Check #: