

# “The LIVING Word of GOD!”

## Summer Camp 2025 ~ June 9<sup>th</sup>-August 1<sup>st</sup>

**\*We will be CLOSED June 19<sup>th</sup>, July 4<sup>th</sup>, & July 7-11<sup>th</sup>**

Programs Offered	Tuition Rates <small>Tuition is listed as a weekly/monthly (4 weeks).</small>	Registration Fee <small>*Due at enrollment each school year.</small>
<b>Summer Camp Part Day (8:00 AM – 1:00 PM)</b>	<b>\$130 weekly / Paid on a Monthly Basis</b>	<b>Summer Camp Activity Fee of \$125</b>
<b>Summer Camp Full Day (8:00 AM – 5:00 PM)</b>	<b>\$165 weekly / Paid on a Monthly Basis</b>	<b>Summer Camp Activity Fee of \$125</b>
<b>**Our program begins promptly at 8:30 AM and students will not be admitted after 10 AM.</b> <b>** Students MUST have a backpack, extra set of clothes, lunchbox (with a well-balanced lunch), &amp; water cup.</b> <b>**If you are late picking up your child, a late pick-up fee of \$15 for every 5 minutes will be required by the next morning to attend.</b>		
<b><u>Summer Payment Schedule Due Dates -</u></b> <b>Monday, June 9<sup>th</sup> – Activity Fee and Tuition for June 9-13, June 16-20, &amp; June 23 - 27 (3 weeks)</b> <b>Monday, June 30<sup>th</sup> – Tuition for June 30-July 4, July 14-18, July 21-25, &amp; July 28-Aug 1 (4 weeks)</b>		
<p>Tuition is due in full whether your child is in attendance or not. This includes but is not limited to days absent due to being sick or on vacation, inclement weather, all Holidays and/or days the school is closed. You can see a full list under our <b><u>CLOSED/Holidays</u></b> section of the Handbook and our summer camp calendar.</p> <p>Tuition payments not received on time will be subject to a <b>\$15 per day late fee</b>. Payments are considered late as of the Tuesday morning after payment was due. If a child's tuition payment is not made, the child cannot attend school starting that Tuesday and will not be eligible for classes until the account is current/paid in full including the late fees. If late payments occur more than 2 times the student may be asked to withdraw from the center.</p> <p>There is a \$30 fee for all returned checks/denied credit cards. If you have a second check returned/credit card denied, no matter what the reason may be, you will be required to make all additional payments by cash, money order.</p> <p><b>We offer the following discounts, but Only one discount per family:</b>  Military Discount = 10% off tuition  Sibling Discount = 10% off tuition for 2<sup>nd</sup> child, 10% 3<sup>rd</sup>, 10% 4<sup>th</sup></p>		
<b><u>Completed Documents Necessary To Enroll Your Child:</u></b> *Proof of Birth – Birth Certificate or Social Security Card *Shot Record- less than one year old & current/update yearly *Physical – less than one year old & current/update yearly *Enrollment Documents - Signed - Signature Release Form/Contract, Student Emergency Release Form *Summer Activity Fee *First Tuition Payment *Medical Documents (if necessary) *Custody Paperwork (if necessary)		



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Date / /

## Student Emergency Release Form

Check One	Summer Camp Options
<input type="checkbox"/>	Summer Camp Part Day Program (8:00 AM – 1:00 PM)
<input type="checkbox"/>	Summer Camp Full Day Program (8:00 AM – 4:50 PM)

Student's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender: Male or Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian** First to be contacted.

**Are you Military? YES or NO**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Full Address (if different than students) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employed By \_\_\_\_\_ Work # \_\_\_\_\_

Full Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian** Second to be contacted.

**Are you Military? YES or NO**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Full Address (if different than students) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employed By \_\_\_\_\_ Work # \_\_\_\_\_

Full Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### MEDICAL INFORMATION

Does the student have ANY food or other allergies? (If yes, please list.) \_\_\_\_\_

Does the student have any health conditions? (ASTHMA, ADD, ADHD, etc...) \_\_\_\_\_

\* If the student has Asthma, we need to discuss having an inhaler here at the center.

Is the student on any routine medications? (If yes, please list.) \_\_\_\_\_

**\*In the event of a medical emergency I, (Parent Printed Name) \_\_\_\_\_, give permission for the staff to contact 911 in the event of an emergency. The staff will contact me either first, second, or simultaneously depending on the situation. I understand that I am responsible for any emergency response fees that may be incurred in such an event.**

**\*THE FOLLOWING ADULTS HAVE PERMISSION TO PICK UP MY CHILD AND ARE ADDITIONAL EMERGENCY CONTACTS. (MUST BE 18 OR OLDER & MUST SHOW A PHOTO I.D.)**

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

Name	Relation	Contact #	Address

**\*\*The State requires at least one emergency contact with a different address than your child.**

## Signature Release Form / Service Contract

Student(s) Name: \_\_\_\_\_

Program: 2025 Summer Camp    \_\_\_\_\_ Full Day    \_\_\_\_\_ Part Day    Weekly Price \_\_\_\_\_

Contract Starts \_\_\_\_\_ Contract Ends \_\_\_\_\_

**\*Parents please read the following carefully before signing the bottom of this page. Your signature indicates that you are aware and agree to follow the terms as described below.**

1. I understand and hereby agree that all tuition payments are due the first Monday of every month for the whole month. My current tuition rate (listed above) is per week. If my payment is not received I understand that my child **will not be able to attend the program until my account is paid in full**. I also understand that a \$15 per day late fee will be applied beginning on Tuesday morning.
2. **Payment is due whether or not my child attends due to sickness, vacation, Holidays, etc.**
3. I understand that there is a **late pick-up fee** of \$15 for every 5 minutes per child due if I pick up my child late from the center. For "part day" students, pick-up is at 1:00 PM. We suggest pick up by 12:50 PM.  
For "full day" students, we close promptly at 5:00pm. The suggested pick -up time is 4:50 PM.
4. I understand that the School Year and Summer Camp rates may differ and that I will need to sign a new/updated contract anytime that the rates may change. If my child is not active in the program for four weeks or more, I understand that I will need to re-register my child and will be held to any rate change that may have occurred.
5. I understand and hereby agree to follow **ALL the Policies** in the Fisherman's Net Student Handbook.
6. I hereby grant permission for the use of individual and/or group activity photographs or videos of my child (name listed above) to be used without limitation by or in conjunction with Fisherman's Net and/or Norfolk Apostolic Church. Fisherman's Net and /or Norfolk Apostolic Church are released from any claims that may arise.
7. I give permission for the staff at Fisherman's Net to assist my child in changing soiled clothing if necessary. I understand that it is my obligation to provide a change of clothes for my child.  
**A change of clothes MUST BE left in my child's backpack.**
8. If after the first two-week trial period it is determined by the Pastor and Director that it is necessary to dismiss a student from our program, Fisherman's Net reserves the right to do so without a notice. This step will only be taken when corrective measures implemented by the center have not been successful. A parent may withdraw a student without a notice during the first two-week period only. After the first two weeks, a two-week written and paid for notice will apply.
9. **All fees and tuition are non-refundable.**
10. I give permission for my child to be transported.
11. I give permission for my child to participate in water activities. This will include things like kid sized pools and slip 'n' slides. I am aware that there is not a lifeguard on duty, but the event will be highly staffed.
12. **I understand that if my child becomes ill, he/she MUST be picked up from the center within one hour. He/she MUST be free from fever (without medication), diarrhea, and vomiting for the minimum of a 24-hour period before returning. A doctor's note may be required depending on the sickness.**

\_\_\_\_\_/\_\_\_\_\_

Parent's Printed Name

Parent's Signature

Date