

育泉Spring Academy Summer Camp

Westfield campus: 115 E. Grove Street;

Warren Campus: 10 North Road

Phone 908-301-6168

Web: SpringAcademyUS.com

Email: springacademy168@gmail.com

Current students may use this form to indicate their preference for the summer. New students please use this form to indicate your preference AND complete a Spring Academy Registration Packet

Please check the sessions you would like to sign up for:

	Dates	Theme	Performance
☐	Session 1: June 28 - July 9	Ocean/Beach/Nature – Arts and Language Art	
☐	Session 2: July 12 – July 23	World Travel – Science and Social Study	July 23rd, 3:30pm
☐	Session 3: July 26 – August 6	Chinese culture, dance, music, art, foods, traditions	
☐	Session 4: August 9 -August 20	Bugs/Insects/Reptiles – Science and Social Studies	
☐	Session 5: Aug. 23 – Sep. 3 (Note: Warren camp ends on 8/27)	World of Sports and Cooking/Baking	August 27th, 3:30pm

Schedule:

Time	Classes / Ages	
8:00-9:00	Before Care	
9:00-11:30	Preschool Chinese/Spanish Immersion Sessions	
11:30-1:30	Preschool Lunch, Nap	
1:30-4:00	Preschool Montessori Thematic Sessions	
4:00-5:30	After care	

Tuition

5 Full days: \$400/week (9/10 weeks):

4 full days: \$340/week (9/10 weeks)

5 half days: \$20/week (9/10 weeks)

***\$10/week more for each week reduced**

Full day: 9am – 4pm; Half day: 9am – 12pm/1:30-4pm

Before care (8am-9am) is complimentary; after care up to 5:30pm: \$50/week

*Please note:

- We will not offer make up sessions for missed classes
- Summer tuition is due in full at time of registration to maintain your current discounted rate

**EARLY BIRD 25%
DISCOUNT**

Valid Until 2/28/2021
Not to be combined with any other offer

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Summer Camp Registration Form

Student Last Name _____ First Name _____

Date of Birth _____ Gender (please circle one): Male Female

Home Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____ Mother's Work Phone _____

Father's Name _____ Father's Work Phone _____

Emergency Contact _____ Emergency Phone Number _____

Session Desired:

5 Full Days From _____ to _____

4 Full Days From _____ to _____

4 Half Days From _____ to _____

Tuition & Fees

Tuition	Material	Registration	Total	Deposit	Paid	Balance
	\$30	\$50		\$200		

\$200.00 deposit is required for each child at registration time.

Deposit, Registration fee, textbook and material fee are due upon registration. Textbook, material fee and registration fee are non-refundable. Tuition is due by _____. Camper's healthy and vaccine information submitting to the camp before or on your first camp day is required by the State Regulation.

Parent/ Guardian's Signature _____ Date _____

Camp Administrator _____ Date _____

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Spring Academy - 2021 Summer Program Policy

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 # _____

PHOTO RELEASE

I hereby grant permission to Sprig Academy to use my child's photograph in official school printed publications, e-mails, web site or advertisements without further consideration, and I acknowledge the Spring Academy right to crop or treat the photograph at its discretion. I also acknowledge that Spring Academy may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I hereby grant Spring Academy permission to use my likeness in photograph(s)/video in any and all of its publications and it in all other media whether now known or hereafter existing, controlled by Spring Academy in perpetuity, and for other use by the Center. I will make no monetary or other claim against Spring Academy for the use of the photograph(s) and or video reserves the right to discontinue use of photos without notice.

Discipline: The Spring Academy is a place where all children feel welcome and safe. Therefore, we reserve the right to dismiss any child from our programs who is disruptive, exhibits any behavior that intimidates or threatens the camp or school experience of any other camper/student, is destructive to school property or grounds and/or for any other reason deemed reasonable by any of the After School Programs Directors.

Spring Academy believes that a positive and constructive relationship between the school and the student's parents or guardian is essential to the student's development and school's goal. Therefore the school reserves the right to cancel this agreement or not to offer reenrollment if the Center reasonably concludes that the actions of a parent or guardian make such a relationship impossible or seriously interfere with the Center's activities of its educational purposes. The decision of the Center in this regard shall be final.

As Legal guardian, I hereby recognize that the Spring Academy is not responsible for injuries sustained while participating in school activities, therefore, forever release Spring Academy, its agents, administration and/or employees from any and all injuries and/or damages, including those incurred during transportation to/from the school, onsite or off-site during activities, in summary, all medical expenses suffered and/or incurred by my child while enrolled in the Spring Academy. Spring Academy could call Emergency Care (9-1-1) in behalf of my child during emergency but I will bear all associated costs.

By signing below, I hereby agree that the Center may take action that it considers prudent to protect the safety of my child and the other children visiting the premises. I further agree to indemnify, defend and hold the Center (its owners, officers, directors, agents, employees, successors and its assigns) harmless from and against all actions, claims or liability (including attorney's fees and costs) directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing this Agreement or other information provided to the Center. This waiver of liability is signed voluntarily as to its contents and intent. By signing below, I agree that, to my knowledge, all of the above stated information is accurate.

- Yes, we have received, read and understand the Spring Academy policy and agree to abide by the Center's policies as so described.

Parent/Guardian signature _____ Date _____

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Camp Policies and Procedure

Camper's name: _____ Birthday ____/____/____

Address _____ Phone# _____

LUNCH AND SNACKS:

There will be a lunch option with additional cost. The lunch will be ordered by camp from quality restaurants. Daily snacks and drinks maybe provided for your child.

CLOTHING:

Campers should wear appropriate play clothes to the camp. All clothes must be labeled. On trip days, a bathing suit and a zip lock bag are needed for that day and should be packed with a towel if they are going in water. Children should always wear sneakers to the camp. ABSOLUTELY NO OPEN TOED SHOES WILL BE PERMITTED AT CAMP. 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 9:00am if your child (or children) will be absent. There are no credits or refunds for absences.

AFTERCARE:

Aftercare (after 6:00pm) will be available only with emergency situation, at an additional cost of \$1 per 1 minute, which should be made in advance or call camp officer if you will be late picking up your child(or children).

DISCIPLINE POLICY:

In keeping the camp 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. Registration fee is **\$50** per child.

Registration fee is NON-REFUNDABLE.

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PAYMENT/DEPOSITS/REFUNDS: *for special promotions such as early birds discount, 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 **May 1, 2021**. The remaining balance is due before **May 15, 2021**. All payments are non-refundable after **May 15, 2021**. \$25 late fee will be added to all camp payments received after the due date. Campers will not be permitted to attend camp without payment in advance. In a very emerge 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** prior to the first day of camp with camp officer's authorization. Each returned check will be charged for a **\$25** processing fee.

CHILD RELEASE AUTHORIZATION FORM:

1. Persons AUTHORIZED to pick up child from the camp (Parents must be listed below):

Name Phone Relationship Name Phone Relationship

_____	_____	_____	_____
_____	_____	_____	_____

2. Persons **NOT** AUTHORIZED to pick up child from the camp:

_____	_____
_____	_____

CHILD FIELD TRIP AUTHORIZATION:

I, as father____/Mother____/Guardian____, authorize my child_____ to join the field trips of Spring Academy Summer Camp.

I have read and understand all of the policies set forth by the Spring Academy Summer Camp. I hereby fill up the form by all the truth according to the best of my knowledge. I allow my child(ren)to participate in all aspects of summer camp including walking trips to local parks and other trips. I consent that photographs taken of my child(ren)are the property of the Spring Academy Summer Camp and may be reproduced as the Spring Academy desires, free of any claim on my part.

I also authorize Camp staff to apply sunscreen to my child's exposed skin, on an as needed basis.

Parent/Guardian Signature_____

Date_____

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SPRING ACADEMY MEDICAL FORM (for kids below 5 years old)

UNIVERSAL CHILD HEALTH RECORD			Endorsed by: American Academy of Pediatrics, New Jersey Chapter New Jersey Academy of Family Physicians New Jersey Department of Health and Senior Services		
SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) (First)		Gender ☐ Male ☐ Female		Date of Birth / /	
Does Child Have Health Insurance? ☐ Yes ☐ No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. ☐ Yes ☐ No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? ☐ Yes ☐ No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		☐ Immunization Record Attached ☐ Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		☐ None ☐ Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		☐ None ☐ Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		☐ None ☐ Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		☐ None ☐ Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		☐ None ☐ Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		☐ None ☐ Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		☐ None ☐ Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		☐ None ☐ Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
Name of Health Care Provider (Print)			Health Care Provider Stamp		
Signature/Date					

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SPRING ACADEMY SUMMER CAMPER MEDICAL FORM (for K+ campers)

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

AN IMMUNIZATION RECORD IS REQUIRED

Child's Last Name _____ First Name _____

Camp program (check one) ☐ K – 2nd Grade ☐ 3 – 5th Grade ☐ 7+ Grade

Please print all information. In case of emergency please notify:

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:

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	_____	_____	_____	BEHAVIORIAL 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 applicant's activity, and give my permission for participation in all activities except as specifically noted herein. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for person named above.

I have read and understand the policies and procedures of Spring Academy Summer Camp.

Parent/Guardian Signature _____

Date _____