

Long Grove Country School LGCS Clubhouse Camps



Science Experiments | Fall Festival | Animal Rescuers | STEM

WHEN SCHOOL IS OUT, CAMP IS IN!



2018 Dates

- September 10 (Monday)
- September 19 (Wednesday)
- September 25 (Tuesday)
- October 8 (Monday)
- November 2 (Friday)
- November 6 (Tuesday)
- November 20 (Tuesday)
- December TBD

Open to grades Preschool-5 from 7am-6pm.

20400 Old Hicks Road, Long Grove, IL 60047
Phone (847) 438-4834 Email info@lgcountryschool.com



LGCS Clubhouse Camp Registration 2018

We are excited to announce our Clubhouse Camp filled with adventure, fun and excitement.

**Please note that there must be a minimum of 8 campers signed up per day for camp to be in session that day.

Please Select Program & Full-Day with the option for Extended Care:

- Jr. Clubhouse Campers:** For Preschool and Jr. Kindergarten (Pre-K) age children.
- Elementary Clubhouse Campers:** For children in grades Kindergarten - 5th Grade

Please Select Program & Full-Day or Half-Day Program: Campers staying for lunch should bring a lunch and water bottle.

- Extended Full-Day Camper:** 7am-6pm (\$85 per child per day)
- Extended Full-Day Camper:** 7am-4pm (\$75 per child per day)
- Full-Day Campers:** Drop Off: 9:00am Pick Up: 2:30pm (\$55 per child per day)
 - AM Drop Off:** 7pm-9pm (+\$5 per day) Students may arrive early for before care.
- Half-Day Campers:** Drop Off: 9:00am Pick Up: 11:15am-11:30am (\$40 per child per day)
 - AM Drop Off:** 7pm-9pm (+\$10 per day) Students may arrive early for before care.
 - Add Lunch & Fun:** Pick Up: 12:15pm-12:30pm (+\$5 per child per day)

Child 1 (Nick Name)	_____	Birthdate	_____
Child 2 (Nick Name)	_____	Birthdate	_____
Child 3 (Nick Name)	_____	Birthdate	_____

Address:

Mother's Name:	_____	Home Phone:	_____
Mother's Email:	_____	Mother's Cell:	_____
Father's Name:	_____	Phone:	_____
Father's Email:	_____	Father's Cell:	_____

Long Grove Country School



Student Pick-Up

Long Grove Country School will be running programs and classes continually throughout the day. We ask that you are respectful of pick-up times for your child. Students will only be released to individuals with a photo ID. Please send your child to school with a written note if your child will be picked up by someone other than yourself.

Please list any individuals authorized to pick up your child from school.

1. _____	Relationship to Child _____	Phone _____
2. _____	Relationship to Child _____	Phone _____
3. _____	Relationship to Child _____	Phone _____

Summer Camp Tuition

Payments Plans:

- Payment:** Tuition and forms are due at drop-off.

Release and Waiver of Claims

In consideration of my child's enrollment in Long Grove Country School and/or Long Grove Country School Summer Camp, we agree to release and hold harmless and indemnify Long Grove Country School and/or Long Grove Country Camp, its agents and employees, from and against all damages, liabilities, losses and expenses (including attorney's fees) arising out of or resulting from any claims, causes of action or demands whatsoever, made by us or by any other person or entity on the behalf of the child's participation in Long Grove Country School and/or Camp to the extent permitted by law, except for acts of omissions involving willful or wanton conduct by a director, officer, employee or agent of Long Grove Country School and/or Camp, and we hereby waive any and all such claims, demands and causes of action.

Photograph Release

We permit Long Grove Country School and/or Camp to use photographs, films, videotapes and other facsimiles of the child take during and/or camp (and related activities) in its brochures, newspapers, slide presentations and any other publications concerning promoting Long Grove Country School and/or Camp.

Name of Child(ren): _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature and

Date: _____

Long Grove Country School



Health Information & Emergency Treatment and Release

(Only Required for NON-LGCS Students)

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after reasonable effort has been made to reach me and is in effect for the duration of the minor's care by Long Grove Country School.

Name of child/minor: _____ Birthdate: _____
Name of child/minor: _____ Birthdate: _____

Address _____ City _____ State _____ Zip _____

Mom's Home Phone _____ Cell _____ Work _____
Dad's Home Phone _____ Cell _____ Work _____

Specific allergies, chronic illnesses, other medical or education concerns:

In the case of an emergency or illness, Long Grove Country School will contact the child's parents. If unable to contact the parents, the following people should be contacted:

1. _____ Relationship to Child _____ Phone _____
2. _____ Relationship to Child _____ Phone _____
3. _____ Relationship to Child _____ Phone _____

Long Grove Country School has the permission from the parents to release the above minor(s) at any time to the people listed above without prior notice from the parent in the event of an emergency or illness.

This form is signed with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I assume all responsibilities for any fees incurred, and agree to prompt reimbursement of expenses paid.

Policy Holder's Name _____
Insurance Provider _____
Policy Number _____

Parent Signature _____ Date _____ Parents Signature _____ Date _____