

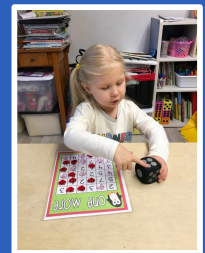
Kindergarten Summer Bridge Camp



Long Grove Country School

Kindergarten Connection with Ms. Kathy

Students will continue building their academic foundation throughout the summer by reviewing letters, sound association, word families, sight words, speaking skills, journaling, numbers and math concepts.



Sessions: June, and July

All programs are theme-based and support the daily literature.



- **Grade:** This program is designed for students entering and leaving Kindergarten.
- **Days:** Tuesdays and/or Thursdays
- **Time:** 9am-11:30am
- **Price:** \$130 per day per session



20400 N. Old Hicks Road, Long Grove, IL 60047847-438-4834 (Office)
info@lgcountryschool.com or www.lgcountryschool.com

Long Grove Country School



Kindergarten Summer Bridge Camp 2019

Students will continue building their academic foundation throughout the summer by reviewing letters, sound association, word families, sight words, speaking skills, journaling, numbers and math concepts.

Session 1: June 4 - June 27 (\$130 per day per session)

Please Select Program:

Tuesdays

Thursdays

Both

Session 2: July 16 - Aug 8 (\$130 per day per session)

Please Select Program:

Tuesdays

Thursdays

Both

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 Policy

Payments Plans:

- Payment:** Tuition is due by the first day of each session.

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

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 _____

Vaccines & Immunization

Long Grove Country School requires all students to provide the state required immunizations for their child. This form should be available at your Pediatrician's office and must be submitted before your child may start school or summer camp.

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 _____

Long Grove Country School



Student Information

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Who does your child live with?: Both Mom Dad

Please tell us about your child and any additional information we should know. Please include any special custody arrangements, fears, special interests, etc.:
