



**WHEN SCHOOL IS OUT,
CAMP IS IN!**

Ages 3-2nd Grade | Open 8am-6pm | Flexible Options

Elementary Clubhouse Camps

Full-Day or Half-Day Program Options:

Full-Day Campers should bring a lunch. All campers should bring a water bottle and clothes to play outside in the snow.

- **Extended Full-Day Camper:** 8am-6pm (\$65 per child per day)
- **Extended Full-Day Camper:** 8am-4pm (\$60 per child per day)
- **Full-Day Campers:** Drop Off: 9:00am Pick Up: 2:30pm (\$50 per child per day)
 - **AM Drop Off:** 8am-9am (+\$5 per day) Students may arrive early for before care.
- **10% Discount for each sibling.**

Winter 2019

- 11/25 (Monday): Spectacular Science & Sensory Fall Fun
- 11/26 (Tuesday): Friendsgiving - Bring something to share
- 12/26 (Thursday): Let It Snow - Winter Fun
- 12/27 (Friday): Wacky Winter Games
- 12/30 (Monday): New Year's Eve Bash



**Open to grades Preschool-5th Grade
from 8am-6pm.**

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



Long Grove Country School

LGCS Elementary Winter Clubhouse Camp Registration 2019

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.

Child 1 (Nick Name) _____ Birthdate _____

Child 2 (Nick Name) _____ Birthdate _____

Child 3 (Nick Name) _____ Birthdate _____

Please Select Program & Full-Day or Half-Day Program: Full-Day Campers Campers should bring a lunch. All campers should bring a water bottle and clothes to play outside in the snow.

*10% Discount for each additional sibling.

- Extended Full-Day Camper:** 8am-6pm (\$65 per child per day)
- Extended Full-Day Camper:** 8am-4pm (\$60 per child per day)
- Full-Day Campers:** Drop Off: 9:00am Pick Up: 2:30pm (\$50 per child per day)
 - AM Drop Off:** 7pm-9pm (+\$5 per day) Students may arrive early for before care.

Dates Attending:

<u>Winter 2019</u>
<input type="checkbox"/> 11/25 (Monday): Spectacular Science & Sensory Fall Fun <input type="checkbox"/> 11/26 (Tuesday): Friendsgiving - Bring something to share <input type="checkbox"/> 12/26 (Thursday): Let It Snow - Winter Fun <input type="checkbox"/> 12/27 (Friday): Wacky Winter Games <input type="checkbox"/> 12/30 (Monday): New Year's Eve Bash

Address:

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

Student Pick-Up

Long Grove Country School will be running programs and classes continually throughout the day. We ask that you are



Long Grove Country School

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 when dropping your child off at LGCS Clubhouse Camp. Payment may be made by check or cash.

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 _____

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** _____