



Summer Camp Enrollment Packet

Emergency Information

Child's Full Name: _____

Nickname: _____ Date of Birth: _____

Parent / Guardian 1: _____

Address: _____

City / State / Zip: _____

Home Phone : _____ Cell Phone: _____

Workplace: _____ Work Phone: _____

Parent/Guardian 2: _____

Address: _____

City / State / Zip: _____

Home Phone : _____ Cell Phone: _____

Workplace: _____ Work Phone: _____

Who does this child live with? _____

Primary person responsible for pickup/drop off: _____

Other person(s) authorized for pickup: _____

EMERGENCY CONTACT AUTHORIZATION

The individuals listed below are authorized to be contacted **and make emergency decisions** if a parent or guardian cannot be reached.

EMERGENCY CONTACTS

Name / Phone (1): _____

Name / Phone (2): _____

Alt Family Mem: _____

Family Friend: _____



Summer Program Agreement & Financial Policies

SUMMER CAMP RATES				
Day Options	Preschool	Activity Fee	School-Age	Activity Fee
5 Days	\$105.00		\$165.00	
4 Days	\$84.00		\$132.00	
3 Days	\$63.00		\$99.00	
2 Days	\$42.00		\$66.00	

Activity fees may vary. All activity fees are non-refundable.

- ⇒ A **\$75 non-refundable registration fee per child and 1st week tuition** is due at time of enrollment.
- ⇒ Tuition is billed in **equal monthly payments due May 1st, June 1st and July 1st**, unless otherwise arranged.
- ⇒ Tuition is due on the **1st of each month** and will be considered late on the **2nd**.
- ⇒ Activity fees are not included in daily / weekly rates listed above and will be invoiced as part of tuition.
- ⇒ A **10% late fee** will be applied to balances not received by the 2nd.
- ⇒ Accounts not paid in full by the **5th** may result in forfeiture of enrollment.
- ⇒ All tuition and activity fees are **non-refundable, regardless of attendance**.
- ⇒ A \$25 fee will be charged for returned checks.
- ⇒ LIVE & LEARN ACADEMY reserves the right to refuse further payment by check.

Total Tuition Amount \$ _____

3 Equal Payments of \$ _____

I have received a copy of the Summer Handbook and the above disclosures, including the financial agreement, and agree to the terms therein. I understand that this is a binding contract and agree to pay the sum of \$ _____ (total tuition amount) to LIVE AND LEARN ACADEMY for tuition and activity Fees for (my child/children), _____, during the weeks indicated above.

Parent / Guardian Signature: _____ **Date:** _____



Activities, Scheduling & Field Trips

I, _____, the parent/guardian of _____, have received the Summer Camp Calendar / Scheduled Field Trips (see attached field trip calendar).

LIVE & LEARN ACADEMY reserves the right, in its sole discretion, to alter, modify, cancel or substitute activities, schedules or field trips at any time when deemed necessary or appropriate in the best interest of the group, including, but not limited to, considerations of safety, staffing, weather conditions, availability or program needs. Notification of changes will be provided via the BAND app when feasible, however advance notice is not guaranteed. **All changes to off site field trips will be communicated to families in advance.**

Parent / Guardian Initials: _____

Parent / Guardian Signature: _____ Date: _____



Transportation Authorization

Child's Full Name: _____

I grant permission for LIVE & LEARN ACADEMY staff to transport my child by **academy-approved vehicles** for off site activities and field trips. This authorization applies only to **school-aged children over five (5) years old**. All children will be properly secured in appropriate child safety seats **in accordance with state law**.

Parent / Guardian Signature : _____ Date: _____

Care, Wellness & Media Authorization

Care & Wellness

I grant permission for staff to apply sunscreen, insect repellent and diaper ointment (preschool only) as **needed**. Parent-provided products will be used when supplied; program-approved products may be used when necessary.

Photography & Media Release

I grant permission for photographs and videos of my child to be used for academy records and promotional purposes, including print and social media. **I understand no compensation will be provided.**

Parent / Guardian Initial : _____

Parent / Guardian Signature : _____ Date: _____



Medical History

Child's Name _____

Is your child currently under a doctor's care? _____ If yes, for what? _____

Is your child on any continuous medication? _____ If yes, what? _____

Any previous hospitalizations or operations? _____ If yes, when and what for? _____

Does your child have any developmental, behavioral or emotional conditions we should be aware of? _____ If yes, please describe: _____

Does your child need special assistance, equipment or material to participate in day to day activities? _____ If yes, what are his/her needs? _____

List any allergies your child may have: _____

Please circle any that apply to your child:

Mumps Chicken Pox Red Measles German Measles Rheumatic Fever

Please circle recurring problems your child has:

Bronchitis Croup Asthma Strep Throat Ear Infections Eczema

Other Serious Illnesses: _____

Other important information about your child: _____

If needed while at camp, medications will only be administered with a completed medication authorization form and required documentation.

Signature _____

Date: _____



Emergency Medical Care Authorization

In case of accident or illness requiring medical attention, the undersigned authorizes LIVE AND LEARN ACADEMY to call a health care provider or take my child _____ to the nearest hospital or doctor; and it is understood that if possible, their services will be obtained. If neither parents nor preferred health care provider can be contacted, LIVE AND LEARN ACADEMY is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of LIVE AND LEARN ACADEMY, are true emergencies. The hospital located closest to LIVE AND LEARN ACADEMY is Lake Norman Regional Medical Center.

I understand that LIVE & LEARN ACADEMY staff are not medical professionals and are authorized to act in good faith in emergency situations.

Preferred Health Care Provider

Doctor: _____

Office Name: _____

Phone Number: _____

I agree to be responsible to the cost of such emergency medical care.

Parent / Guardian Signature

Date