



# Clinton Early Learning Center School Age Summer Registration Form

Children Ages 5-12 Years Old  
Children must be entering Kindergarten in September 2019

Summer 2020



## CHILD'S INFORMATION (one form per child)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female  Other

Date of Birth \_\_\_\_\_ Age in June \_\_\_\_\_ Entering Grade in September 2019 \_\_\_\_\_

Child resides with  Parent 1  Parent 2  Both  Other (name) \_\_\_\_\_ Relationship \_\_\_\_\_

## PARENT/GUARDIAN #1 INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female  Other

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

## PARENT/GUARDIAN #2 INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female  Other

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

## MEDICAL

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information \_\_\_\_\_

**ALLERGIES-** Please list all allergies \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENT OR GUARDIAN/EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**CHILD'S INFORMATION (one form per child)**

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Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**SUMMER CAMP June 29-August 28, 2020 REGISTRATION FEE & DEPOSIT \*NO CARE July 3<sup>rd</sup>**

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**There is a non-refundable \$50 deposit for each week of camp due 2/28/20. If you register for 9 weeks, \$450 is due, if you register for 4 weeks, \$200 is due.** All deposits go towards the weekly tuition.

The first 5 weeks of tuition is due June 22, 2020 and the last 4 weeks of tuition is due July 27, 2020.

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**BEFORE CARE is 7:30am-9:00am**

**Summer Camp 9:00am-3:30pm**

**AFTER CARE is 3:30pm-5:30pm**

<input type="checkbox"/> <b>Week 1</b> June 29-July 2	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 2</b> July 6-July 10	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 3</b> July 13- July 17	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 4</b> July 20 – July 24	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 5</b> July 27—July 31	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 6</b> Aug 3-Aug 7	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 7</b> Aug 10-Aug 14	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 8</b> Aug 17-Aug 21	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25
<input type="checkbox"/> <b>Week 9</b> Aug 24-Aug 28	<b>\$200 M-F</b>	<input type="checkbox"/> BEFORE CARE	\$20	<input type="checkbox"/> AFTER CARE	\$25

\*Hamilton College faculty and staff who need care the week of Aug 31- Sept 4, please email the SACC Director at [aworden@clintonelc.com](mailto:aworden@clintonelc.com).

**AGREEMENT/SIGNATURE**

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I consent to the enrollment of the child listed above in the Clinton Early Learning Center and have been advised of the policies regarding fees and services provided by the Clinton Early Learning Center and the \*New York State Office of Children and Family Services regulations under which it operates.

To view the current NYS School Age Child Care regulations, please visit: <https://ocfs.ny.gov/main/childcare/regs/414-SACC.pdf>

**Parent/Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_