



Welcome to Campus Adventures! We are so happy to have you and your child as a part of our program.

- Please complete the attached admissions form for each child
- Attach a \$50 **money order** per child. Registration fees are non-refundable.
- Return to your child's school.

If you have any questions, shoot us an email at information@campusadventures.org



ADMISSION FORM

School Name		School Phone Number:	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Email Address:	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of 3 persons to call in case of an emergency:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:					
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– my consent for my child to participate in Field Trips:	
Parent's Comments:					
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:					
<input type="checkbox"/> PM Snack		<input type="checkbox"/> Supper			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
I will be paying: Monthly:		Weekly:	Daily:	My tuition will be:	(for office use only)
Parent Signature:			Date:		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Signature – Parent or Legal Guardian

Date



ADMISSION FORM

Health Information:

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ Health Care Professional's Signature _____ Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

My Students Vaccination Records are on File at School

_____ Signature _____ Date

My Child is allergic to a food or drug: Please include and provide instructions:

My Child Has Special Needs: Please include a description:

_____ Parent's signature _____ Date



ADMISSION FORM

CONTRACTED TERMS

- A. Scheduled Attendance** – Tuition will be charged at the contracted rate regardless of attendance.
- B. Attendance** – All sites will be closed for the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving and Christmas. The contracted tuition rate is charged for weeks in which closings occur.
- C. Early Dismissal, Late Start and No-School Days and Breaks** – There will be an additional charge per day on all early-release days and late-start days (half days of school, weather delays, etc.), as set forth in the site’s tuition and fee schedule. There will be a special daily tuition rate for in-service days and breaks. You must reserve a slot for your child. On these days, site programs will be open based on need and school district policies. You will be notified in advance if your site is providing care.
- D. Tax Information** – It is your responsibility to maintain your own child care financial records for tax purposes.
- E. Registration Fee** – A nonrefundable school year registration fee is due at time of enrollment and the beginning of every school year and summer thereafter.
- F. Fee Schedule** – You agree to pay the published tuition and fee schedule in effect for the program in which your child is enrolled. As your child changes schedules or programs, the tuition and fees may also change. Campus Adventure may, from time to time, adjust the tuition and fee schedule and you agree to pay such adjusted tuition or fee as a condition of your child’s continued enrollment. You will be given appropriate written notification of any changes in tuition and fees. **Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the site.** If the hours your child attends change in any way, you will notify the site immediately so appropriate staffing may be arranged. If tuition is not paid in advance, a late pay fee will be charged. The terms of this Agreement, including the fees, are subject to change in whole or in part by Campus Adventures with two weeks’ notice, except that this Agreement may be terminated by Campus Adventure at any time.
- G. Field Trips** – Your child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
- H. Payments** – You will have an option to pay Campus Adventures with Money Order or Credit/Debit Payments. We are cash free business.
- I. Payments** – Payments from customers with outstanding insufficient, uncollected or otherwise ineligible Credit/Debit payments must be submitted using a different payment option. Accounts containing returned Credit/Debit payments are subject to immediate termination of service; however upon payment of applicable tuition and registration fees we may choose to reinstate your child’s enrollment. Campus Adventure is unable to accept cash or check payments.
- J. Weekly Tuition** – All tuition is due prior to services. For weekly charges, payment will be due Friday prior to services. Monthly payments are due by the 3rd of each month. A late fee of \$15 will be charged if payment has not been received by the close of business on the Tuesday of the week that services are provided or the 4th of each month for monthly payments.
- K. Late Pick-Up Fee** – A late pick-up fee of \$1 per minute will be charged when your child is left beyond the site’s operating hours and is charged directly to your account. This will be due the next day at pick up. No cash will be accepted for this late pick-up fee. The late pickup fee does not constitute an agreement to provide after hours services, nor will the late pick-up fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
- L. Arrears** – Accounts in arrears 1 week will result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and re-enrollment fee of \$15. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the primary sponsor.
- M. Disenrollment Policy** – Families who are disenrolled due to non-payment and later re-enroll will be charged a re-enrollment fee of \$15/child.
- N. Responsible Party** – You are responsible for payment on any and all tuition, fees and other charges not paid by any third-party agency, to the extent allowed by law.
- O. Enrollment Not Guaranteed** – Campus Adventures reserves the right to disenroll any child who presents a risk to the health or safety of other children or staff; or any child whose needs cannot be met in our program.

Parent’s signature	Date
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