



# 2022 Summer Camp Registration

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Notification

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Please indicate any food allergies, medical conditions or any other information we should be aware of.

A new camp theme begins every Monday and runs through Friday. Pick your week, then pick your time session.  
Camp Location: Rye Reads Learning Center, 30 Elm Place, Rye, NY 10580

Week	Theme	Morning (ages 3/4 or 5/6) 9:00 am 11:45 am	Afternoon (ages 3/4 or 5/6) 12:30 pm - 3:15 pm	Morning Toddlers (18-24M) 8:30 am – 10:30 am	Morning 2s Camp 10:45 am – 12:45 pm	Fee
Week One - June 6-10	Fairytales					\$325.00
Week Two – June 13 - 17	Abracadabra...Magic					\$325.00
Week Three - June 20 – 24	Ooey Goey					\$325.00
Week Four - June 27 – July 1	Pete the Cat					\$325.00
Week Five - July 5 – 8	Community Helpers					\$260.00
Week Six - July 11- 15	Mad Scientist Week					\$325.00
Week Seven - July 18-22	Pets and Animals					\$325.00
Week Eight - July 25 – 29	Movin' and Grovin					\$325.00
Week Nine - August 1 -5	Carnival Week					\$325.00
Week 10 - August 8-12	Splash					\$325.00
Week 11 - August 15-19	Mystery Week					\$325.00
Week 12 - August 22-26	Creative Hands					\$325.00
Week 13 – August 29 – September 2	Children Around the World					\$325.00
<b>TOTAL</b>						<b>\$</b>

### Registration Fee Policies

Your registration is confirmed upon receipt of this registration form and payment in full. No pro-rate, schedule change or refunds for missed camp days. Return form to: [RyeReadsSummerRegistration@yahoo.com](mailto:RyeReadsSummerRegistration@yahoo.com)

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# PARENT CONSENT FORM

I consent to the enrollment of \_\_\_\_\_ (child's name). I give permission for the following:

1. To seek emergency medical treatment for my child in the event that I cannot be reached.
2. To allow my child to be photographed and to allow any pictures in which my child appears to be released for publication in newspapers, brochures, for fundraising or public relations.
3. To release my child to any of the following people if I am unable to pick him/her up providing I notify the teacher-in-charge/Program Manager (please include names and phone numbers):

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## COVID-19 Liability Waiver

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC still recommends practicing social distancing.
- I further acknowledge that Rye Reads LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that Rye Reads LLC participants will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of Rye Reads LLC staff and/or participating families.
- I voluntarily seek services provided by Rye Reads LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.
- I acknowledge that I must comply with all set procedures to reduce the spread while participating in Rye Reads LLC. I will attest daily that neither myself or family member:
  - not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
  - has not traveled internationally within the last 14 days.
  - has not traveled to a highly impacted area within the United States of America in the last 14 days.
  - I do not believe I or any family member has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
  - I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
  - I am following all CDC recommended guidelines as much as possible and limiting my exposure to Coronavirus/COVID-19.

I hereby release and agree to hold Rye Reads LLC and participating families harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Rye Reads LLC or families., or that may otherwise arise in any way in connection with any services received from Rye Reads LLC. I understand that this release discharges Rye Reads LLC and participating families from any liability or claim that I, my heirs, or any personal representatives may have against each other with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Rye Reads LLC. This liability waiver and release extends to all owners, partners, and employees.

## POLICY STATEMENT

1. Rye Reads LLC Programs are open to all applicants.
2. If your child will be absent from Rye Reads LLC, you must call Program Manager at (347) 738-1080 by 8:00AM on the day of the absence.
3. Parents will be expected to arrange for their child to be picked up in the event the child shows signs of infectious disease or other illness while at Rye Reads LLC.
4. All children must be picked up by the parent who has registered the child or by an individual designated on the Parent Consent Form, or by another individual authorized by the parent, provided the parent has notified the Director,

Office Manager, or Teacher-in-charge. We request this authorization in writing and ID is required at the time of pick up.

5. Children must be picked up by on-time. Dismissal begins 10 minutes prior to end of class.
  - FIRST time late: First Reminder, SECOND time late: Second Reminder. THIRD time late: After the third time late, a \$25.00 fee will be imposed.
6. Rye Reads LLC does not provide a healthy snack daily, but children may bring their own. Please indicate on the registration form if there are any food allergies, so we can inform other parents of food restrictions.
7. Rye Reads LLC may not administer medication of any kind
8. Rye Reads LLC recognizes the need to protect our children and request consent to photograph the children during our special events. Rye Reads LLC will take all steps to ensure these images are used solely for the purposes they are intended.
9. We agree to observe all rules of the program and to participate in activities at our own risk and in no way hold ALP, its officers, directors, and employees liable for accidents or illness.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_