

# PEARCE 4 KIDS

## 2024 Summer CAMP Registration Form

Please complete all 3 pages of this registration form and  
Submit the \$50 registration fee and the \$260 deposit

Date Received: _____
Time Received: _____

### CHILD'S INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

Street Address City Zip

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

My child has a sibling enrolled at Pearce 4 Kids. (Name: \_\_\_\_\_)

### PARENT/GUARDIAN'S INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_

Street Address City Zip

Home Phone (if different from above): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### PARENT/GUARDIAN'S INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_

Street Address City Zip

Home Phone (if different from above): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### FOR OFFICE USE ONLY

Registration Fee Paid: \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date: \_\_\_\_\_ Parent Agreement: \_\_\_\_\_ Deposit Received: \_\_\_\_\_

Week	M-F	M/W/F	T/Th	Week	M-F	M/W/F	T/Th
Week 1				Week 5			
Week 2				Week 6			
Week 3				Week 7			
Week 4				Week 8			

**SUMMER CAMP SCHEDULE**

**Full time (Monday - Friday) \$260/week, Week 1 - \$200**

**Part time (M/W/F) \$168/week**

**Part time (T/R) \$112/week, Week 1 - \$55**

**Summer Camp runs from Monday, July 1<sup>st</sup> until Friday, August 23<sup>rd</sup>. We will be closed Thursday, July 4<sup>th</sup>.**

A non-refundable \$260.00 deposit is due upon registration. This deposit will be deducted from your summer tuition.

Dates	Full Time (M-F)	Part Time (M/W/F)	Part Time (T/Th)
Week 1: July 1 <sup>st</sup> - 5 <sup>th</sup>			
Week 2: July 8 <sup>th</sup> - 12 <sup>th</sup>			
Week 3: July 15 <sup>th</sup> - 19 <sup>th</sup>			
Week 4: July 22 <sup>nd</sup> - 26 <sup>th</sup>			
Week 5: July 29 <sup>th</sup> - Aug 2 <sup>nd</sup>			
Week 6: August 5 <sup>th</sup> - 9 <sup>th</sup>			
Week 7: August 12 <sup>th</sup> - 16 <sup>th</sup>			
Week 8: August 19 <sup>th</sup> - 23 <sup>rd</sup>			

**ADDITIONAL AUTHORIZED PICKUPS/EMERGENCY CONTACTS**

(Do not list parent/guardians from page 1)

**Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Authorized to pick up child  Yes  No

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

Other Phone (\_\_\_\_) \_\_\_\_\_

OK to text

**Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Authorized to pick up child  Yes  No

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

Other Phone (\_\_\_\_) \_\_\_\_\_

OK to text

**Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Authorized to pick up child  Yes  No

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

Other Phone (\_\_\_\_) \_\_\_\_\_

OK to text

**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

ADD/ADHD: \_\_\_ Yes \_\_\_ No      Other behavioral issues \_\_\_\_\_

Special food/activity instructions \_\_\_\_\_

\_\_\_\_\_

## AGREEMENTS

- I consent to emergency medical treatment for my child..... Yes       No
- I consent for my child to take part in neighborhood trips (i.e., walks on Roberts campus) away from the program..... Yes       No
- I understand the program may need additional permission for situations such as transportation, medication, release of information and field trips..... Yes       No
- I provided information on my child's special needs to the program to assist in caring for my child ..... Yes       No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... Yes       No
- I agree to review and update this information whenever a change occurs and at least every year..... Yes       No

\_\_\_\_\_  
Signature - parent or person(s) legally responsible

\_\_\_\_\_  
Date

## TUITION AGREEMENTS

- I agree to pay a non-refundable fee of \$50.00 for each child I am enrolling into the P4K day care program.
- I understand that the registration fee is required to secure my child's place in a class or to be added to the waiting list. (This fee is non-refundable even if you choose to take your child off the waiting list.)
- I agree to pay 2 weeks of tuition as a security deposit prior to my child's first day at Pearce 4 Kids. This deposit will be held throughout the year(s) and will be applied to my last 2 weeks of enrollment in the daycare program.
- I agree to pay the full amount of tuition on or before the due date. I further understand that late payment or non-payment will result in additional fees and revocation of services up to and including termination of care.
- I understand that if I am late picking up my child, fees will be applied at the rate of \$10.00 per child in 10-minute increments with an additional \$2.00 per child for every minute after 6:20 PM.
- I understand that my tuition is a set fee regardless of absences, emergencies, emergency closings and holidays when P4K is not open.
- I understand that if my child care attendance changes from year-round care to seasonal care, I will be required to pay back the second week of vacation (if used) in accordance with the seasonal care guidelines.
- I understand that in order to use my vacation, my tuition must be up to date. Vacation credit will only be issued when out Monday through Friday.
- I understand that increasing or changing the days my child attends will be based on P4K availability and is not a guarantee.
- I agree to provide two weeks' written notice if my child's schedule needs to change or we decide to terminate care at Pearce 4 Kids.

I, \_\_\_\_\_ have read and agree with the above statements.

Print name

\_\_\_\_\_  
Signature - parent or person(s) legally responsible

\_\_\_\_\_  
Date

## PHOTOGRAPH PERMISSION

### **Please check all that apply:**

- I consent for my child's picture to be taken and used in their classroom and posted on bulletin boards in the hallway at Pearce 4 Kids.
- I consent for my child's picture to be taken and used in publicity about Pearce 4 Kids (no full names will be used without additional written consent from a parent/guardian).
- I consent for my child's picture to be taken and used on the official Pearce 4 Kids Facebook public fan page (no names will be published on internet sites without additional written consent from a parent/guardian).
- I consent for my child's picture to be taken and sent via the P4K approved parent portal.

\_\_\_\_\_  
Signature - parent or person(s) legally responsible

\_\_\_\_\_  
Date

Pearce 4 Kids Child Care Center  
4322 Buffalo Road  
North Chili, NY 14514  
585-594-1833  
[www.pearce4kids.org](http://www.pearce4kids.org)