

# PEARCE 4 KIDS

## 2025 Summer CAMP Registration Form

Please complete this form in its entirety and submit it along with the \$50 registration fee

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: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

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

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

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

### PARENT/GUARDIAN'S INFORMATION

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

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

## SUMMER CAMP SCHEDULE

Schedule	Weekly Rate	Before Camp Rates	After Camp Rates
<b>Monday - Friday</b>	\$220 (Week 1 - \$176)	\$25/week	\$25/week
<b>Mon/Wed/Fri</b>	\$148 (Week 1 - \$99)	\$22/week	\$22/week
<b>Tues/Thurs</b>	\$108	\$16/week	\$16/week

**Summer Camp runs from Monday, June 30<sup>th</sup> until Friday, August 22<sup>nd</sup>. We will be closed Friday, July 4<sup>th</sup>.  
Camp runs from 8am-4pm. Additional care will be offered as an add-on.**

Dates	Full Time (M-F)	Part Time (M/W/F)	Part Time (T/Th)
Week 1: June 30 - Jul 3			
Week 2: July 7-11			
Week 3: July 14-18			
Week 4: July 21-25			
Week 5: July 28 - Aug 1			
Week 6: August 4-8			
Week 7: August 11-15			
Week 8: August 18-22*			

\* Child must be signed up and attend for 2 other weeks to be eligible for Week 8.

**Add-Ons: (Before and After Camp Care are add-ons for the entire summer, not by week.)**

Before Camp Care (6:30-8am)

After Camp Care (4-6pm)

## 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
- I give permission for my child to have sunscreen/topical OTC cream applied during care..... Yes  No
- I understand my child will be given the opportunity to have a read period during their day in camp...  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 summer camp 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 \$15 per child per day.**
- I understand that my tuition is a set fee regardless of absences, emergencies, emergency closings and holidays when P4K is not open.

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 the camp hallways.
- 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 - Code of Conduct

## Code of Conduct:

It is the goal of Pearce 4 Kids to provide a healthy, safe, secure environment for all participants. We strive to share the values of honesty, care, respect and responsibility with the children in our program. Children who attend Pearce 4 Kids are expected to follow the Code of Conduct below and to interact appropriately in a group setting.

- We are all responsible for our actions.
- We respect each other and our environment.
- Honesty will be the basis for all relationships and interactions.
- We will care for ourselves and those around us, staying with staff at all times.
- No use of profane or offensive language or name-calling will be tolerated.
- No physical aggression, e.g. hitting, kicking, pulling, fighting, spitting, etc.
- Be enthusiastic, thoughtful, open-minded and involved.
- Treat others as you would like to be treated.
- Listening and paying attention are mandatory for a safe and fun experience.
- Complete respect for all equipment, facilities, and grounds is expected.

## Disciplinary Procedures:

When a school age participant does not follow the Code of Conduct, we may take the following steps:

- 1) Staff will redirect the child to more appropriate behavior.
- 2) The child will be reminded of the behavior guidelines and program rules, and a discussion will take place. A break or removal from the activity may be necessary.
- 3) The Program Director will be notified of the problem and will meet with the child.
- 4) If the behavior persists, a parent will be notified of the problem.
- 5) If a problem persists and a child continues to disrupt programming, neglecting to adhere to the Code of Conduct, Pearce 4 Kids reserves the right to suspend or remove the child from the program. If this were to happen, Pearce 4 Kids will not grant a credit or refund for any payment made.

The following behavior are not acceptable and may result in the immediate and indefinite suspension of a program participant:

- Behaviors that endanger the health and safety of children and/or staff, volunteers, or Pearce church members
- Stealing or damaging P4K, Roberts Wesleyan, off-site or personal property
- Leaving the classroom or assigned location without staff or permission
- Continuous disruption of the program with consistent disrespect
- Refusing to follow the behavior guidelines
- Acting in a lewd or inappropriate manner

No refunds will be issued for participants who are suspended or expelled. Children who are suspended, expelled or whose illness prohibits participation must be picked up from programming within 60 minutes of notification., Pearce 4 Kids reserves the right to modify, repeat, accelerate or alter the outlines process as the situation demands.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_