



## Summer School 2025 Registration Form

### Camper Information

Child's Full Name (please print clearly on the line above)

Goes by

Sex: ☐ M ☐ F Date of Birth: Age as of June 1, 2025

### Parent/Guardian Information

☐ Ms. ☐ Mrs. ☐ Mr.

☐ Ms. ☐ Mrs. ☐ Mr.

Full Name (please print clearly on the line above)

Full Name (please print clearly on the line above)

Home Address

Home Address

City, State, Zip

City, State, Zip

Phone: Home( ) Cell ( ) Phone: Home( ) Cell ( ) Phone: Home( ) Cell ( )

Email Address (for Registration Confirmation; print clearly) Email Address (for Registration Confirmation; print clearly)

### Camp Registration: 11 week program with 1 week vacation allowed.

Week	Dates	Please Select Weeks	Regular Schedule:
1	June 11 <sup>th</sup>		7:30am-5:00pm Daily Monday-Friday
2	June 16 <sup>th</sup>		
3	June 23 <sup>rd</sup>		*Field Trip Fees are Additional
4	June 30 <sup>th</sup>		
5	July 7 <sup>th</sup>		Tuition Due on Monday of each week. (\$35 Late fee on Wednesday)
6	July 14 <sup>th</sup>		
7	July 21 <sup>st</sup>		
8	July 28 <sup>th</sup>		
9	August 4 <sup>th</sup>		\$100 Registration Fee
10	August 11 <sup>th</sup>		
11	August 18 <sup>th</sup>		

### Cancellation Policy:

Two weeks prior notice is required for withdrawal from summer school.

Families are responsible for all weeks except for the vacation week they choose.



## Summer 2025 Camp Clubhouse Registration Form

Please tell us about any medical and/or developmental conditions or any other pertinent information that might affect your child during his/her camp experience.

Please list all allergies, current medications(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (i.e. EpiPen or bee sting kit), you will need to supply this to For Kids' Sake Childcare and Learning Center, labeled with your child's name and clear instructions, to be returned to you if unused.

Please describe your child's napping and toileting needs, if any.

### Permission & Liability Waiver:

My child, \_\_\_\_\_, has permission to fully participate in Camp Clubhouse Summer Camp activities during the 2025 summer term. I, as parent/legal guardian, do hereby grant the FKSM staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless For Kids' Sake Childcare and Learning Center and its agents from liability resulting from an accidental situation. The Michigan Good Samaritan Law will apply.

I hereby grant permission for the staff of For Kids' Sake to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, a staff member will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we can't make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that For Kids' Sake Montessori and its staff members will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that Camp Clubhouse Summer Camp staff will not administer any drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian.

- \* Enrollment of your child in the Camp Clubhouse Summer Camp Programs constitutes your agreement to this waiver.
- \* I understand that all Emergency Information on the Emergency Form must be complete before my child may attend.
- \* I have read and understand all policy and procedural information, including payment and cancellation policies.

\_\_\_\_\_  
Signature Parent/Guardian 1

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Parent/Guardian 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Parent/Guardian 1

\_\_\_\_\_  
Print Name Parent/Guardian 2