Summer Camp Enrollment Form

Jenni Holland, Summer Camp Director jsholland@tdarschool.org

Attendance Dates and Fees

Summer Camp is open from 7:30am – 5:30 pm. Breakfast is not served after 8:30 am.

Weekly

Please check the weeks you want your child to attend. The weekly fee for Summer Camp is $120 for the 1st Child and $110 for each additional child. Camp will be closed on July 4th, and the cost is the same for that week of camp.

☐ June 3-7	☐ June 10-14	☐ June 17-21	☐ June 24-28	☐ July 1-5	☐ July 8-12	☐ July 15-19	☐ July 22-26

Daily

For weeks you did not select a full week, please write the individual dates you want your child to attend. The daily fee for Summer Camp is $40.

Payment Agreement

To be enrolled in the Summer Camp Program, a SmartCare Account must be created for your family and a working Credit Card kept on file for payment on the account. Payment will be processed on the Monday the week before the camp week/day attending. **If you want to cancel a requested week/day of camp and not receive a charge, you MUST cancel in writing by 2:30 on the Friday before the processing day.** This will ensure that the Camp Director will have time to remove the charge from your account before it is automatically processed on Monday. If your Credit Card is declined when automatically processed, you will be contacted that same Monday and asked to provide an alternative Credit Card to be placed on your SmartCare account and charged that business day. **If you are not able to pay for the upcoming requested week/day of camp, your child's registration for that week/day will be removed.** Please remember that we have a scholarship application available upon request for families in need. **Please be advised that NO refunds will be given once a charge is processed through SmartCare.**

_____ _____

Parent/Guardian Name Parent/Guardian Signature

Student and Health Information

First Child

Child's Name: _____ Birthdate: _____

Grade: _____ School: _____

Allergies/Dietary Concerns:

Diagnosed Special Needs:

Physical Limitations / Other Medical Concerns:

Family Physician: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

Health Insurance Provider: _____

Certificate of Immunization: ☐ YES ☐ NO ☐ N/A, please explain: _____

Additional Comments:

List individual approved to approve emergency medical treatment for this child. (Individual must be over 18 years of age.)

Approved Adult 1: _____ Phone #: _____

Approved Adult 2: _____ Phone #: _____

Approved Adult 3: _____ Phone #: _____

_____ _____

Parent/Guardian Signature Date

Student and Health Information

Second Child

Child's Name: _____ Birthdate: _____

Grade: _____ School: _____

Allergies/Dietary Concerns:

Diagnosed Special Needs:

Physical Limitations / Other Medical Concerns:

Family Physician: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

Health Insurance Provider: _____

Certificate of Immunization: ☐ YES ☐ NO ☐ N/A, please explain: _____

Additional Comments:

List individual approved to approve emergency medical treatment for this child. (Individual must be over 18 years of age.)

Approved Adult 1: _____ Phone #: _____

Approved Adult 2: _____ Phone #: _____

Approved Adult 3: _____ Phone #: _____

_____ _____

Parent/Guardian Signature Date

Student and Health Information

Third Child

Child's Name: _____ Birthdate: _____

Grade: _____ School: _____

Allergies/Dietary Concerns:

Diagnosed Special Needs:

Physical Limitations / Other Medical Concerns:

Family Physician: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

Health Insurance Provider: _____

Certificate of Immunization: ☐ YES ☐ NO ☐ N/A, please explain: _____

Additional Comments:

List individual approved to approve emergency medical treatment for this child. (Individual must be over 18 years of age.)

Approved Adult 1: _____ Phone #: _____

Approved Adult 2: _____ Phone #: _____

Approved Adult 3: _____ Phone #: _____

_____ _____

Parent/Guardian Signature Date

Family Information

Home Address

Father's Information

Father/Guardian Name: _____

Cell Phone: _____Work Phone: _____

Email: _____

Other Phone: _____

Mother's Information

Mother/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Other Phone: _____

Demographic Information

All demographic information will be kept private and only used for internal purposes and for collated reporting to funders.

How did you hear about our program? _____

Household Size:

Members of the Household over the age of 18 years old: _____.
Members of the household 18 years of age and below: _____.

Income Level: Please check the income level that is most appropriate.

☐ $0-10,000	☐ $10,000-$20,000	☐ $20,000-$30,000
☐ $30,000-$40,000	☐ $40,000-$50,000	☐ Above $50,000

Does your family quality for Free/Reduced Lunch? YES☐ or ☐NO

Race/ Ethnicity: Please check **ALL** that apply.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other

Parent/Guardian Education Level: Please circle the highest level of education completed by the parents or guardians of the student. Levels include.

Parent / Guardian 1
- ☐ Some High School
- ☐ High School/GED
- ☐ Some College
- ☐ Associate's Degree or Certification
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher

Parent / Guardian 2:
- ☐ Some High School
- ☐ High School/GED
- ☐ Some College
- ☐ Associate's Degree or Certification
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher

Emergency Contact and Pickup Information

At least one emergency contact, other than a parent/guardian is required.

Emergency Contact 1: _____ Phone #: _____

Emergency Contact 2: _____ Phone #: _____

Emergency Contact 3: _____ Phone #: _____

Additional adults approved to pick up your child(ren).

Authorized Pickup 1: _____ Phone #: _____

Authorized Pickup 2: _____ Phone #: _____

Authorized Pickup 3: _____ Phone #: _____

Authorized Pickup 4: _____ Phone #: _____

Release of Liability

In consideration of allowing the previously declared participant(s) to begin participation in the Summer Camp Program at Tamassee DAR School, while on the premises and property of the School, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Tamassee DAR School, its employees and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant, while in or upon the premises upon which the Summer Camp Program is conducted, or any premises under the control and supervision of Tamassee DAR School employees and volunteers, in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Tamassee DAR School employees and volunteers.

_____ _____

Parent/Guardian Signature Date

Release for Publicity

☐ I **DO** give my permission to the Tamassee DAR School to use my child's name, photograph, or other identifying information in written or visual form for the school's newsletter or other media. I realize that many of the school's activities include groups of children, and I do not wish for my child to be excluded from photographs that are used as recognition of accomplishments or as information only.

Tamassee DAR School is completely committed to rejecting any use of children's names, photographs, or other identification in any manner whatsoever that could be considered exploitation. No child will ever be intentionally used in such a manner.

Tamassee DAR School will teach all children the basic principles of good citizenship, the ability to care for themselves, and the ability to relate to others. Best judgment will be used in all matters of publicity pertaining to my child.

☐ I **DO NOT** give my permission to the Tamassee DAR School to use my photograph in any and all forms of media.

_____ _____

Parent/Guardian Signature Date

YOGAFAITH™

Jesus first yoga second

NEW STUDENT INFORMATION SHEET

DATE:_____LOCATION: Tamassee DAR School

FULL NAME_____

FULL ADDRESS_____

TELEPHONE _____EMAIL _____

YOGA EXPERIENCE: BEGINNER☐ INTERMEDIATE☐ ADVANCED☐

Do you have any medical restrictions or conditions? YES NO
If yes, please explain:

Are you on medication: YES NO

Anything specific you are looking to gain from yoga?

Receive email communications & upcoming events & retreats? YES NO

YogaFaith Disclaimer

I hereby consent as a participant in YogaFaith classes and agree to assume all of the risks involved. I release YogaFaith from any known or unknown injury, accident, or hazard, previously, during, or after participation in a YogaFaith class and/or training or related activities; and that I cannot hold YogaFaith, affiliated YogaFaith teachers, or location host, personally responsible for any liability.
_____(Initial)

I recognize that any form of physical activity has potential risk of injury. I hereby affirm that I am voluntarily participating in a YogaFaith activity with the knowledge of the risk involved. I assume and accept any and all risks of injury and hazards.
_____ (Initial)

I hereby affirm myself to be in physical condition to practice in YogaFaith with no medical condition or injury preventing me from participating. I declare that I have disclosed any and all medical issues to YogaFaith and/or their affiliates relevant to participation or have been cleared by a physician to participate in class and/or training.
_____ (Initial)

SIGNATURE _____**DATE** _____

Thank you, enjoy class: connecting to Him and others ~