

Embracing Equality and Diversity

Hope Grows C	Child Development Center Summer Ca	mp Registration Form 2024
Child's name:	DOB:	Age:
Parent/Legal guardian Name:		
The parent/ legal guardian listed her contact in case of emergency.	re will be the person responsible for pa Initial	nyments and will be the main
Address:		
Parent/Legal guardian Cell phone #:	Parent/Legal guardian Work phone #:	Parent/Legal guardian Email:
Weekly tuition: \$400.00 per	\$450.00 per o	dable Field Trip Registration fee: child (Payment arrangements are able for Registration Fees).
	Monday due date. Weekly Tuition is di	
on time to continue partic	ipation in the summer program and to	avoid late payment fees.
*Please note that some field t I understand that Summer Reg I understand that the Hope Gr will be no refunds for missed I understand that I must sign a I authorize Hope Grows Child the center. I understand that my child mu each week. I understand that I must provinchild has a medical condition. I give my consent to Hope Grows Child (Child's name)	days my son/daughter should arrive at the rips require a 6:30AM arrival time. gistration Fees are due before Summer C rows van will leave from your child's Ce field trips. School Agers must attend fiel my child in daily through the Lillio applid Development Center to transport my chast be dressed appropriately for the differ ide medication and appropriate Office of . nild Development Centers to take my con all fieldtrips, all Hope Grows location.	Camp starts. Inter location at 8:00 AM and there ldtrips or must miss a day of camp. Ideation. Inild in the center's van, to and from the activities that are planned for Childcare forms for my child if my child:
 All parents and children have intimidate, or interfere with the Children have the responsibility. Hope Grows Child Development fighting, bullying or any other. Electronic use during the Sun Hope Grows Child Development brought from home. By signing below, I agree to all responsible to the property of the property	ity to follow instructions given by teacher the teacher than the center will not tolerate the use of offir form of aggressive behavior. In the camp program will be scheduled again the center is not responsible for any lost the center than the center is not responsible for any lost	way which does not endanger, ers. fensive language, sexist or racist, eccording to the Calendar events. t items or damage to any devices
<u> </u>		
Signature:	Date:	



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Hope Grows Child Development Center Summer Camp 2024 Financial Arrangement Agreement:

Parent/Legal guardian Name:	:		
Address:			
Primary Number:			
Email Address:			
Child's name:		DOB:	Age:
Sumi	mer Camp Registrati	on Fee Total (per child): <u>\$450.</u>
<u>I</u>	Payment Arrang	ement Fee Schedu	<u>le:</u>
	Date Due:	Amount Due (per child):
A	April 26, 2024	\$56.2	25
May 3, 2024		\$56.2	25
N	May 10, 2024	\$56.2	25
N	May 17, 2024	\$56.2	25
N	May 24, 2024	\$56.2	25
N	May 31, 2024	\$56.2	25
	June 7, 2024	\$56.2	25
J	June 14, 2024	\$56.2	25
per child.			mp registration fee is \$450
		n i am funy responsible gement fee schedule.	e for making payments on
			o fee is due on or before Jun
14, 2024.			
	(Initials): I understand that late payment fees or failed payment fees apply to any late or failed payment transactions.		
v i	· ·	nt I am the primary Par	ent/legal guardian
	ible for this agreemen		cholegar guar tran
Student Name:		Parent/Legal Gu	ardian Name:
		Parent/Legal Gu	ardian Signature:
		Date:	



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Hope Grows Child Development Center Summer Camp Student Agreement:

- I will treat all staff, including my teachers, my peers and Hope Grows property with respect.
- I will act and behave in a way which does not endanger, intimidate, or interfere with the participation of myself or others.
- I will follow all directions given by Hope Grows staff who are supervising me in the classroom, on field trips or local parks and at all Hope Grows locations. All staff personnel include all my teachers, any substitute teachers, all teachers at other Hope Grows locations providing direct supervision or all directors of Hope Grows and the Owner, Mrs. Salema Horn.
- I will not use offensive language, sexist or racist language during field trips, in my classroom, or at any Hope Grows locations.
- I will use respectful language amongst all peers and Staff.
- I will not fight or physically harm others and I will not verbally or physically bully others or use any aggressive behavior during field trips, in my classroom, or at any Hope Grows locations.
- I understand that electronic devices use is limited during summer camp, and I will follow the schedule for electronic device time.
- I will safely put away my electronic devices when the allotted time has ended.
- I understand that I am responsible for any non-electronic or electronic items brought from home.
- I will respect everyone's personal property by not touching or destroying it.
- I will have fun!

By signing below, I agree to all rules	and regulations for Summer Camp at Hope Grows of
(Date)	
Student Name:	
Student Signature:	
Parent/Legal Guardian Name:	
Parent/Legal Guardian Signature:	