

2019-2020 NWHSC SAS SUMMER ENROLLMENT FORM

Child Information

2019-2020 SUMMER ENROLLMENT CHECKLIST

	Complete 2019-2020 Summer Enrollment Form
	Complete Health Record for each child
	Plan of Care and/or Medication Consent Forms (if applicable)
	Custody Agreement/Decrees (if applicable)
	Payment - Enrollment Fee (First week's tuition is due no later than the Friday before summer camp begins)

HOW TO SUBMIT ENROLLMENT APPLICATION (INCLUDING ANY ADDITIONAL REQUIRED DOCUMENTS)

**SAS Summer Camp will be held at Pittsboro Primary School.
Enrollment forms may be turned in to either director.**

Mail: NWHSC SAS Director (Denise Smeltzer) 540 Osborne Avenue Pittsboro, IN 46167	Mail: NWHSC SAS Director (Michelle Staton) 7027 N St Rd 75 North Salem, IN 46165
Email: smeltzerd@hendricks.k12.in.us	Email: statonm@hendricks.k12.in.us
Fax: 317-892-4320	Fax: 317-994-3030

ENROLLMENT FEE SCHEDULE - ENROLL EARLY!

Enroll Before March 31st	Free
Beginning April 30th	\$10 per child
Beginning May 31st	\$25 per child

TOTAL AMOUNT DUE WITH ENROLLMENT PACKET

Enrollment Fee:	\$ _____ x ____ (# of children)	Enrollment Fee Total=	\$ _____
Weekly Tuition Rate:	Child #1 \$ _____ + Child #2 \$ _____	First Week's Tuition Total=	\$ _____
		Total Included=	\$ _____
If you are in need of tuition assistance, please e-mail Mr. Hobaugh at hobaughd@hendricks.k12.in.us			

Weekly Rate	\$135.00
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STAFF USE ONLY

Amount Paid \$ _____ Check # _____ Date Received ____/____/____ Staff Initials _____

2019-2020 NWHSC SAS SUMMER ENROLLMENT FORM

Child Information

CAMPER #1

Last	First	MI
Date Of Birth ____/____/____	School	
Grade (in fall)	Gender Male Female	Age
Please check the box next to the week(s) your child will attend: Week 1: Tuesday, May 28 - Friday, May 31 Week 2: Monday, June 3 - Friday, June 7 Week 3: Monday, June 10 - Friday, June 14 Week 4: Monday, June 17 - Friday, June 21 Week 5: Monday, June 24 - Friday, June 28 Week 6: Monday, July 1 - Friday, July 5 (closed Thursday, July 4th) Week 7: Monday, July 8 - Friday, July 12 Week 8: Monday, July 15 - Friday, July 19 Week 9: Monday, July 22 - Friday, July 26 Week 10: Monday, July 29 - Friday, August 2		

CAMPER #2

Last	First	MI
Date Of Birth ____/____/____	School	
Grade (in fall)	Gender Male Female	Age
Please check the box next to the week(s) your child will attend: Week 1: Tuesday, May 28 - Friday, May 31 Week 2: Monday, June 3 - Friday, June 7 Week 3: Monday, June 10 - Friday, June 14 Week 4: Monday, June 17 - Friday, June 21 Week 5: Monday, June 24 - Friday, June 28 Week 6: Monday, July 1 - Friday, July 5 (closed Thursday, July 4th) Week 7: Monday, July 8 - Friday, July 12 Week 8: Monday, July 15 - Friday, July 19 Week 9: Monday, July 22 - Friday, July 26 Week 10: Monday, July 29 - Friday, August 2		

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Child Information

PARENT GUARDIAN #1

Last		First			
Relationship To Child		Employer			
E-mail					
Street Address		City		State	Zip
Cell Phone		Work Phone		Home Phone	
Check all that apply: Lives with Child Emergency Contact and Authorized Pick-Up Responsible for Payment					
Employee of NWHSC			School Name _____		

PARENT GUARDIAN #2

Last		First			
Relationship To Child		Employer			
E-mail					
Street Address		City		State	Zip
Cell Phone		Work Phone		Home Phone	
Check all that apply: Lives with Child Emergency Contact and Authorized Pick-Up Responsible for Payment					
Employee of NWHSC			School Name _____		

2019-2020 NWHSC SAS SUMMER ENROLLMENT FORM

Child Information

ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK-UP (must be 18 years or older and ID required)

Name	Relationship to child
Phone	Phone
Name	Relationship to child
Phone	Phone
Name	Relationship to child
Phone	Phone

2019-2020 NWHSC SAS SUMMER ENROLLMENT FORM

Child Information

HEALTH RECORD FOR CAMPER #1

Child's Name	Date of Birth
INDIVIDUAL EDUCATION PLAN (IEP)	
Does your child have an IEP Yes No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician Phone
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HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs Yes No
If yes, check all that apply and submit Plan of Care Form with your enrollment paperwork. Allergy (food) Allergy (non-food) Asthma Diabetes Epilepsy/Seizures Hearing/Visual Impairment Other, please list _____
Are there any modifications or accommodations that would be beneficial to your child Yes No

MEDICATIONS (required)

Does your child take regular medication? Yes No
If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in original bottle with the label attached.

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Child Information

HEALTH RECORD FOR CAMPER #2

Child's Name	Date of Birth
INDIVIDUAL EDUCATION PLAN (IEP)	
Does your child have an IEP Yes No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician Phone
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HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs Yes No
If yes, check all that apply and submit Plan of Care Form with your enrollment paperwork. Allergy (food) Allergy (non-food) Asthma Diabetes Epilepsy/Seizures Hearing/Visual Impairment Other, please list _____
Are there any modifications or accommodations that would be beneficial to your child Yes No

MEDICATIONS (required)

Does your child take regular medication? Yes No
If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in original bottle with the label attached.

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Child Information

ENROLLMENT TERMS

I understand and agree to the following:

_____ I have read and agree to NWHSC SAS' policies outlined in the 2019-2020 parent
(Initial) handbook.

_____ I understand that my child(ren) must be signed into and out of the program each day by
(Initial) myself or another adult previously authorized by me.

_____ I understand that if I apply for summer financial assistance, full weekly summer tuition
(Initial) rates must be paid until notification of any scholarship awarded by the NWHSC Central Office.

_____ I may make schedule changes at no extra charge, however a one week notice is
(Initial) required before changes take place.

_____ I agree to pay summer weekly tuition on Friday for the following week. I understand
(Initial) that my summer weekly tuition is due regardless of my child's attendance. Credits are not available due to illness or absence.

_____ I understand that late payment fees in the amount of \$10 per week will be assessed if
(Initial) my account becomes delinquent. After three weeks of non-payment, the child's participation in SAS will be forfeited.

_____ I agree to pick up my child(ren) from SAS by 6:00 PM according to the SAS clock. Any
(Initial) parent who is unable to pick up their child(ren) by 6:00 PM will be assessed a flat \$10 fee for the first five minutes. After five minutes, a \$1 per minute fee is charged. Failure to pick up my child(ren) on time may forfeit my participation in SAS.

_____ I understand that parents are responsible to send sunscreen, SPF 30 or higher with
(Initial) their child(ren). Parents are also responsible to send bug spray if applicable. I understand that it is my child's responsibility to apply them as needed. SAS staff can remind and assist my child(ren) as needed.

PARENT PERMISSION/Release and Waiver

_____ I give permission for my child(ren) to participate in all SAS activities and field trips
(Initial) during the 2019-2020 summer camp.

_____ If emergency medical care is deemed necessary, and I cannot be contacted, I authorize
(Initial) SAS staff to act on my behalf in granting permission for my child(ren) to receive emergency treatment.

_____ I agree to be financially responsible for any medical care or transportation expenses
(Initial) incurred on my child(ren)'s behalf.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date: _____

Child #1 Printed Name

Child #2 Printed Name

Date: _____