

# 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
April 1st - April 30th	\$10 per child
Beginning May 1st	\$25 per child

### TOTAL AMOUNT DUE WITH ENROLLMENT PACKET

<b>Enrollment Fee:</b>	\$ _____ x ____ (# of children)	Enrollment Fee Total=	\$ _____
<b>Weekly Tuition Rate:</b>	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			

<b>Weekly Rate</b>	\$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		

# 2019-2020 NWHSC SAS SUMMER ENROLLMENT FORM

## 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
<b>INDIVIDUAL EDUCATION PLAN (IEP)</b>	
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.

# 2019-2020 NWHSC SAS SUMMER ENROLLMENT FORM

## Child Information

### HEALTH RECORD FOR CAMPER #2

Child's Name	Date of Birth
<b>INDIVIDUAL EDUCATION PLAN (IEP)</b>	
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.

# 2019-2020 NWHSC SAS SUMMER ENROLLMENT FORM

## 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.

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### 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: \_\_\_\_\_