

Summer Camp 2024 Registration Form

- Preschool** Part Day (6:30 am - 11:45 am)
(\$85.00 per week)
- Preschool** Full Day (6:30 am - 6 pm)
(\$150.00 per week)
- Preschool** Three Full Days
(\$120.00 per week)

- K-8th** Full Day (6:30 am - 6 pm)
(\$150.00 per week)
- K-8th** Three Full Days
(\$120.00 per week)

- One Day/Drop-in Days
(*all students* \$50.00 per day)

Payment options:

- Weekly
- Monthly
- Once
- I would like to make other arrangements with Director

Sibling discount of \$15 of 2nd and 3rd child

Signature: _____

Basic Information:

Child's Name: _____ Child's age: _____ Sex: **M** **F**

Date of Birth: _____ Previous Class/Grade 2023-2024: _____

Contact Information:

Parents/Guardian's Name: _____

Home Address: _____

Phone Numbers:

Home: _____

Work (Father): _____ Work (Mother): _____

Cell (Father): _____ Cell (Mother): _____

Please indicate which number is the best for the parent/guardian to be reached:

____ Home ____ Father Work ____ Father Cell ____ Mother Work ____ Mother Cell

Preferred Email Address: _____

Summer Camp 2024 Attendance Contract

Please indicate which weeks your child will be attending Summer Camp by initialing next to those specific weeks. Please mark the boxes under the days that you are planning to send your child for each week they will attend. Bold words indicate the theme of that week. More information as the summer approaches will be provided about the themes and field trips. If you have any questions or specific requests regarding days, please see the Director.

Child's Name: _____ Age/Previous Grade: _____

Week	Week of	Notes Theme	M	T	W	Th	F	Initials
1	May 13 - 17	Closed for cleaning and training	n/a	n/a	n/a	n/a	n/a	
2	May 20 - 24	(PreK only)						
3	May 27 - 31	Closed 5/27 Hello Summer!	n/a					
4	June 3 - 7	Outdoor Explorers						
5	June 10 - 14	Garden Week						
6	June 17 - 21	Disney Week						
7	June 24 - 28	Space Explorers						
8	July 2 - 5	Closed 7/4 & 7/5 Around the World				n/a	n/a	
9	July 8 - 12	Splish Splash Water Week						
10	July 15 - 19	Movie Mania VBS week at FBC - more info to come						
11	July 22 - 26	Christmas In July						
12	July 29 - Aug 2	Under the Sea						
13	Aug 5 - 9	Science Week						
14	Aug 12 - 16	Circus Week MCPS back to school						

Note for Parent(s)/Guardian(s): By initialing the attendance contract **you are obligated to pay for that week(s)** due to staffing requirements. Any changes to be made must be submitted to the Director in writing 2 weeks in advance.

Summer Camp Basic Policies and Procedures

Please review the information below regarding SonShine Station's policies and procedures. Please initial on each line and sign at the bottom to indicate you have read and understand the policies.

SonShine Station Commitment: SonShine Station agrees to provide the children in their care a quality, age-appropriate, creative and active learning environment based on Christian values.

Beginning Date: May 28, 2024 **End Date:** August 16, 2024 **Hours:** 6:30 AM - 6:00 PM
Preschool begins: May 20, 2024

Scheduling: In order to plan for sufficient staffing, all weeks must be scheduled before you start camp. By initialing the attendance contract (page 2) **you are obligated to pay for that week(s)** because of staffing requirements. **Any changes that need to be made must be submitted to the Director two weeks prior requested change.**

Initial Here

Registration Fee: A \$50.00 registration fee (and all registration paperwork) per child is due by April 25th for Preschool students and May 10th for K-6th grade students. After April 25th(preschool) & May 10th(K-6th) the registration fee will increase to \$60.00 per child.

Refunds/Withdrawals: There will be no make up for missed days, but if you need to switch weeks or days due to illness or other situations please see the Director to discuss at least 48 hrs in advance. Due to scheduling and group numbers we may not be able to honor your request. There will be a \$10 supply fee for missed days regardless of reasoning. All withdrawals from the program must be submitted in writing in order to be released from the obligation of your contract, otherwise you will be held responsible for the tuition and applicable fees.

Payment: Payment is due by the 1st of each month for *monthly* payments and the first day of the week for weekly payments. For your convenience you may choose one of the payment plans listed on page one. *All dates and amounts will be listed in your confirmation packet you will receive after submitting your contract.*

Late Payment: Payments not received by the contracted date are subject to a late **payment fee of \$5** per day late (excluding weekends). Should payments fall more than 10 days in arrears, the student will not be allowed to return until payments are brought current and a re-registration fee may apply.

Initial Here

Snacks and Mealtime: Children may bring their own lunch from home daily or they may order from our cafeteria. Lunch will be 11:45am for Preschool students and 12:30pm for K-6th students. A morning and afternoon snack will be provided by SonShine Station to all students. If your child has special dietary needs, please see the Director and indicate it on the allergies/dietary needs part of page 6. **No soft drinks or candy are permitted. Lunch will be \$5 per day if you choose to order. Below is our weekly menu, however it may vary due to food availability.**

Monday – Sandwiches, Tuesday – Chicken Nuggets, Wednesday – Quesadillas,
Thursday – Subway, Friday – Hot Dog/Corn Dog

Initial Here

Field Trips and Special Occasions: Some field trips will involve a small fee which will be collected prior to the trip and along with field trip permission forms.

For birthday parties and other events, parents must plan in advance with the Director. **No food or drinks containing nuts may be served to students as we are a peanut-free facility.**

Initial Here

Illnesses: SonShine Station will notify the parent/guardian whenever the child becomes ill during SonShine Station hours. The parent/guardian agrees to make arrangements to have the child picked up from the facility as soon as possible.

Initial Here

Dress Code: We will be playing outside and are active every day. Please have your child wear shoes that they can run and move comfortably in daily. Sneakers or shoes with a back strap on the heel/backing on the heel are best. Students may only wear flip-flops on special water days. Please see FCS 2022-2023 Handbook (available in the office or online at www.fcssh.org) for a complete guideline of our dress code.

Initial Here

Cell Phones and Other Electronic Devices: Cell phone and other electronic devices will only be allowed during Early Bird times (6:30-8:30am) at summer camp. They will not be allowed to have these devices on their person any other time during camp. We are not responsible for stolen or broken devices. If you need to get ahold of your child, please call the school and we will pass on the message. If there is abuse of the devices during Early Bird times then we reserve the right to prohibit the use of these devices. Abuse includes but is not limited to: bullying, visiting inappropriate sites/apps, playing inappropriate games/apps, and jeopardizing their and other camper's safety.

Initial Here

***It is recommended that children bring a spare change of clothing. Please provide shorts, t-shirt, undergarments & socks in a plastic ziplock bag labeled with your child's name on it.**

By signing this contract, I hereby agree to abide by the policies and procedures outlined by SonShine Station and submit all payments according to the option I have selected.

Parent/Guardian Name (Print) Date

Parent/Guardian Signature Date

Information Form for Office Binders

Child's Name: _____ Birth Date: _____

Parents/Legal Guardians: _____

Contact Information:

Home Telephone number: _____

Mother's work number: _____ cell number: _____

Father's work number: _____ cell number: _____

Emergency contacts if parents/guardians cannot be reached:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Individual(s) other than parents/guardians who are allowed to pick up your child:

Individual(s) who are NOT allowed to pick up your child:

Physician Information:

Physician/Clinic's Name: _____

Office number:

Important Health Information:

Please list all allergies your child may have:

Please list any medication your child takes:

Will your child be taking any of these medications while at camp: Yes No

If you circled yes, please see the Director to fill out an additional medical form.

Please list any additional information you think we should know about your child:

Permission to Apply Sunscreen

Sunscreen will be applied with permission given by this form as needed. It will be applied liberally for outdoor play, field trips, and especially for water days. **Parents are to provide a bottle with their child's name on it**, which will stay in a locked office cabinet or in their book bags. Students may come to office to reapply sunscreen as needed throughout the day. By signing this form, you are allowing us to assist your child in the application process. We recommend the spray for easy application.

As parent or guardian of _____ I give SonShine Station permission to apply sunscreen to my child as needed.

Parent or Legal Guardian

Date

Emergency Policy and Authorization

It is the general policy of SonShine Station to transport to the local emergency room any child who is injured while in our care and requires emergency treatment. This authorization will allow SonShine Station to obtain medical care for your child. It will also allow hospitalization, diagnostic testing, surgical procedures, and/or the administration of medications to my child if deemed necessary by a physician in an emergency situation. We will follow this general policy if the person in charge judges that a delay in securing treatment would not be in the best interests of the child. I understand that this authorization does not release SonShine Station from the responsibility to properly notify me (or someone designated by me) as soon possible in an emergency.

___ **Yes**, I want the above procedure followed for _____
(Child's name)

I hereby authorize the calling of our family physician, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

___ **No**, I do not want the above policy followed for _____
(Child's name)

I prefer the following procedure:

Parent or Legal Guardian

Date

Blanket Permission For Transportation and Field Trips

I give my child, _____ permission for the SonShine Station and their qualified staff to transport my child to and from any field trip. I understand that transportation for trips will be either by van, volunteer drivers, or walking. I understand that I will be notified prior to any specific field trip to inform me of dates, time, fees, and destinations.

Parent or Legal Guardian

Date