

Stepping Stones School Age Summer Camp 2018



Camper Information

Camper Name (Last, First) _____

Address _____

City, State, Zip _____

Grade your child has *JUST COMPLETED* _____ Child's age _____

Family Information (For Emergency Purposes!)

Name (Last, First) _____ Name (Last, First) _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Daytime Phone _____ Daytime Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Relationship to Child _____ Relationship to Child _____

Authorized Pick Up? **Yes** **No** Authorized Pick Up? **Yes** **No**

*Please Attach court order if necessary

Insurance Information _____ Policy Number _____

Additional people who are authorized to pick up my child: _____

Address: _____

Any allergies, medical conditions or medicines for your child which we should be aware of: _____

Authorization needed for your child to receive/participate in the following: (Signature Required)

| | |
|--------------------------------|-------------------------------|
| Receive First Aid | Obtain Emergency Medical Care |
| Transportation by the facility | Swimming/Wading |
| Attend Field Trips/Hikes | Archery |

Transportation: Please alert us of any changes to your child's transportation needs.

___ I will be taking advantage of the bus service being provided at Living Faith Baptist Church-28 Rolling Road Cranberry Twp. (Please have your child at the church no later than 8:00am for an 8:15am departure)

___ I will be dropping off/picking up my child at Bear Run Campground

Do you need receipts for your Summer Camp Tuition?

___ Yes, I would like my receipts e-mailed to the following address _____

___ No, thank you, I do not need receipts.

Would you like Field Trip Registration Forms emailed to you?

___ Yes, please email to: _____

___ No, thank you, I will pick up Field Trip Registration Forms at Camp

My child's photo is allowed on SSCC Facebook Page (circle): Yes! No Thanks

How did you hear about us?

**Please Note that there are
No Tuition Refunds
After June 15, 2018!**

Please circle T-shirt size below!

Would you be interested in a Camp Tour? Yes! No Thanks

S M L Adult S Adult M

Full- Time Summer Enrollment (2 Options)



____ I will be enrolling my child _____ for a **Full-Summer, 2-5 days per week** and will be paying the **Discounted Full-Summer Tuition Rate in one lump sum** on or before **April 13, 2018**. (No deposit required) **OR**
 ____ I will be enrolling my child _____ for a **Full-Summer, two to five days per week** and will be paying the **Regular Full-Summer Tuition Rate in three equal installments due June 4, July 1, and August 1**.
*I understand that a **non-refundable deposit of \$100.00** is required upon Registration and will be deducted from the 3rd installment.*

My child will be attending the following days each week: (circle days)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

2018 Full-Summer Tuition Schedule

| Days Per Week | Discounted Full-Summer Tuition Rate Payable in one lump sum on or before April 13, 2018 | Regular Full-Summer Tuition Installments June 4, July 1, and August 1 |
|---------------|--|--|
| 5 days/week | \$2577.00 | \$918.00 |
| 4 days/week | \$2235.00 | \$797.00 |
| 3 days/week | \$1740.00 | \$621.00 |
| 2 days/week | \$1203.00 | \$429.00 |
| Extra Days | \$55.50 | |

Please attach the following to have your child's registration considered to be complete:

____ **\$25.00** (Non-Refundable Registration Fee for children **NOT** currently enrolled in a Stepping Stones program.)
 ____ **\$100.00** (Non-Refundable Deposit if paying Regular Full-Summer Tuition Rate in three equal installments) Deposit will be deducted from the third installment payment.

Part- Time Summer Enrollment

| June | | | | | July | | | | | August | | | | |
|------|----|----|----|----|------|----|----|----|----|--------|----|----|----|----|
| M | T | W | H | F | M | T | W | H | F | M | T | W | H | F |
| | | | | | 2 | 3 | | 5 | 6 | | | 1 | 2 | 3 |
| | | | | | 9 | 10 | 11 | 12 | 13 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | |

____ I will be enrolling my child _____ **Part-Time** for the Summer Program
 ____ I understand that I must enroll my child for a minimum of **10 days** throughout the summer at a cost of **\$64.50 per day** which **MUST be paid in full by June 4, 2018**

Please circle the days which your child will be attending for the summer: dates may change due to district calendars

(If you need to add extra days during the summer, the Extra Day Rate is \$64.50 per day)

Total number of days scheduled: _____ days.

Part-Summer Tuition \$ _____ (\$64.50 per day X Total # of days scheduled)

____ **\$25.00** (Non-Refundable Registration Fee for children **NOT** currently enrolled in a Stepping Stones program.)

Camp Registrations will be accepted on a first come first served basis to ensure quality programming!

Registrations can be mailed to: Stepping Stones Children's Center, 712 Warrendale Road, Gibsonia, PA