

RETURNING CAMPER/STUDENT
Curiosity Shoppe & Toddler Center
Child Registration Form
Summer 2012
School Year 2012-2013



▲ Child's Full Name

▲ Age

▲ Start Date



Child Update

Please include any recent changes, updates, or additions for your child in the sections below:

1. Parent/Guardian Information (Name, Address, Work Phone, Cell Phone, Home Phone, Email, Employer, Marital Status, Court Order):

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2. Physician Care Information (Pediatric Office/Name, Phone, Address, Health Insurance & Policy Number):

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3. Child Medical Information (Food Allergies/Restrictions, Seasonal Allergies/Restrictions, Medications, Special Needs):

| | |
|--|--|
| <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical | |
| <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical | |
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4. Emergency Contact Information (Names, Phones, Address, Email, Relationship to Child, Release Consent):

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5. Parental Consent (First Aid/CPR Administration, Use of School Nurse, Transportation to E.R., Administer Medications—Tylenol, Ibuprofen, Benadryl—Swimming, Wading, Taking Walks, Taking Trips):

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* Please submit any Epi-Pens/Medications to our office.

Do we have permission to assist your child in applying sunscreen? Yes No *Type of sunscreen provided:* _____

6. Additional Information (Interests, Restrictions, Apprehensions, Comments):

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I hereby acknowledge that the preceding registration information is correct and approved for my child.

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▲ Signature of Parent/Guardian

▲ Date



Civil Rights Compliance/Tuition Contract

Tuition Contract:

I hereby acknowledge that I will follow the payment schedule listed and explained in the billing policy for (check all that apply at time of registration):

Summer _____ days/ week for _____ (weeks) from _____ (scheduled hours) in the _____ Program.
School Year _____ days/ week from _____ (scheduled hours) in the _____ Program.

Kindergarten Fall Registration requires an additional \$100.00 non-refundable deposit to confirm your child’s enrollment in either of our Kindergarten programs. This deposit will be applied toward June’s tuition.

I also acknowledge that I will pay the tuition of \$ _____ per month by the first day of the prior month (i.e. February’s tuition is due January 1st) and any special fees as listed in the billing policy to my account for the following month. I understand that this amount is for child care services provided for my child. Any additional services could result in additional fees. I am aware that if payment is not received and/or posted by the first of the actual month of attendance my account will be served with a finance charge of 1.5% monthly, 18% annually. I realize that if my account becomes overdue my child may be dismissed from the Curiosity Shoppe, Inc. and/or The Toddler Center, Inc. Any special payment arrangements are on a separate document accompanying the registration form.

If for any reason your child’s attendance is to be discontinued, we require 4 weeks notice in writing. You are financially responsible for those 4 weeks. No reimbursements will be considered until the end of the season.

I have read and understand, the **Parent Handbook** of the Curiosity Shoppe, Inc. and the Toddler Center, Inc. I have read and fully understand the **tuition procedure** of the Curiosity Shoppe, Inc. and the Toddler Center, Inc. **Please note both parents or person responsible must sign Financial Agreement.**

Child’s Name: _____ Enrollment Date: _____

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▲ Email Address (will be used for billing purposes)

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▲ Signature of Parent/Guardian 1

▲ Date

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▲ Signature of Parent/Guardian 2

▲ Date

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▲ Staff Signature

▲ Date

Civil Rights Compliance:

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to , equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

The Curiosity Shoppe & Toddler Center, 4425 Landisville Road, Doylestown, PA 18902

Department of Public Welfare
 Bureau of Equal Opportunity
 Room 223, Health & Welfare Building
 PO Box 2675
 Harrisburg, PA 17105

PA Human Relations Commission
 Harrisburg Regional Office
 1101 S. Front St., 5th Floor
 Harrisburg, PA 17104

U.S. Dept. of Health & Human Services
 Office for Civil Rights
 Suite 372, Public Ledger Bldg.
 150 South Independence Mall West
 Philadelphia, PA 19106-9111

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▲ Parent/Guardian Signature

▲ Date

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▲ Staff Signature

▲ Date

Bureau of Equal Opportunity
 Southeast Regional Office
 Room 1105-B Philadelphia SOB
 1400 Spring Garden Street
 Philadelphia, PA 19130



Programs and Schedule

Summer 2012

Directions:

1. Check the days and program your child will be attending.
2. There is a two days per week, four week minimum or two weeks full time minimum for all campers.
Due to limited space, we will consider full time schedule before part time schedule.
3. Register your child for the program/grade **that they will be entering the following fall.**

Select Program:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Babies | <input type="checkbox"/> Nursery | <input type="checkbox"/> 1st Grade |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Pre-Kindergarten | |
| <input type="checkbox"/> Young Nursery | <input type="checkbox"/> Kindergarten | |

 / /

▲ Start Date

 Desired hours attending: : to :

Desired days attending: Please check which days your child will be attending.

| | | | |
|------------------------------------|---|-----------------------------|--|
| Week #1 June 18th—22nd: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Week #6 July 23rd—27th: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | M T W Th F | | M T W Th F |
| Week #2 June 25th—29th: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Week #7 July 30th—Aug. 3rd: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | M T W Th F | | M T W Th F |
| Week #3 July 2-3, 5-6 *Closed 7/4: | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Week #8 Aug. 6th—10th: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | M T W Th F | | M T W Th F |
| Week #4 July 9th—13th: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Week #9 Aug. 13th—17th: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | M T W Th F | | M T W Th F |
| Week #5 July 16th—20th: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Week #10 Aug. 20th—24th: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | M T W Th F | | M T W Th F |

Parent Notes:

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*We are closed Wed. July 4th, 2012.

Additional Lessons Offered: These lessons are booked on a **first come first serve basis** in order of registration received. Scheduling for these lessons will be completed by the Instructors of each area. Please follow the instructions below to contact the appropriate Instructor:

Pre-K, Kindergarten, & 1st grade are you interested in:

| | Lessons | Length | Cost | |
|---|---------|---------|----------|---|
| <input type="checkbox"/> Young Riders Equestrian Lessons | 4 | 30 min. | \$120.00 | Kara Smith Equestrian Director Email: kara@campcuriosity.com |
| <input type="checkbox"/> Group Tennis Lessons "Little Aces" | 6 | 45 min. | \$60.00 | Rich Hodelka Tennis Director |
| <input type="checkbox"/> Private Swimming Lessons | 5 | 30 min. | \$125.00 | Certified Lifeguard |

▲ Parent Phone #



Programs and Schedule

School Year 2012-2013

Directions:

- 1. Check the days and program your child will be attending.
- 2. Due to limited space, we will consider full time schedule before part time schedule.
- 3. Our school day begins at 9am and ends at 4pm. Hours before 9am and after 4pm are considered extended hours which are billed at a higher rate. (See Parent Handbook)
- 4. We DO NOT exchange days if your child is out due to vacations or illness (See Parent Handbook)

Select Program:

- Babies
- Nursery
- Pre-Kindergarten
- After School
- Toddlers
- Enriched Nursery
- Kindergarten
- (Grades 1-6)
- Young Nursery
- Edu-Gym (p/t Pre-K)
- Enriched Kindergarten

Desired days attending: Monday - Friday -OR-

M T W Th F

Desired hours attending: : to : / /

▲ Start Date

For Enriched Kindergarten & After School Program:

I authorize the Camp Curiosity van to pick up my child from _____ .
(please list school)

Please note that this service is only for the
 Enriched Kindergarten and After School Program.

 ▲ Signature of Parent/Guardian

 ▲ Date