

**\*After completion of these forms please save and email them to Tara@acpkids.com for registration.**



## Tuition Agreement *Downingtown Area School District Summer Camp*

- **Weekly payments** must be paid every Monday morning (Visa/MasterCard, ACH, Online Payment)
- A **Non-refundable \$85** activity fee per child is due at time of registration
- Families will receive a **10% sibling discount** on second child enrolled (Full Time Only)\*
- All DASD, WCASD, TESD, CASD or OJRSD employees will receive a **20% discount\***  
\*1 discount per family offered only if timely payment is made
- **Included in tuition:** Camp fee, afternoon snack, field trips, guest visitors, camp t-shirt and all other daily activities.
- **Late fee-** \$1 per minute/per child if picked up after 5:30pm and \$15 if tuition is not received by Tuesday of each week.
- **Families will be responsible to pay the full cost for all weeks indicated below whether or not their child attends.**
- **Register and Pay in full for a minimum of 6 weeks and receive a 10% discount (Full Time Only)**  
-Full payments will be due by Friday May 15th.
- **Any schedule changes should be made no later than May 15th.**  
-Registrations received after 5/15 may not change their child's schedule.

**Name of Child:** \_\_\_\_\_

**Grade Level for 2020-2021 School Year:** \_\_\_\_\_

**Youth T-Shirt Size: (Choose One)**      **XS**      **S**      **M**      **L**      **XL**

**Weekly Fee Amount:**      \$275 for Full Time (5 days per week)  
    \$200 for Part Time (3 days per week)      **M**      **T**      **W**      **Th**      **F**  
    \$215 for Camp Success/ESY Registered Students ( M-Th afternoons and all day Friday)

**Please check the week(s) your child will attend:**

June 15-19	June 22-26	June 29-July3 (closed July 3rd.)	July 6-10
July 13-17	July 20-24	July 27-31	August 3-7
			August 10-14

**Payment Method:**      **Weekly**      **Pay in Full**

**Will your child attend the Camp Success/ESY program through DASD ?**      **Y**      **No**      **Not Sure**

**Person(s) designated by parent to whom child may be released:**  
\_\_\_\_\_  
\_\_\_\_\_

**I, the parent/guardian:**By initialing each line below, you consent to the policy that follows.

- Received/accessed and agree to the policies and procedures of the online A Child's Place Family Guidebook.
- Agree to update the emergency contact/parental consent form information whenever changes occur.
- Agree to the information read above.

\_\_\_\_\_  
**Signature - Parent or Guardian**  
Electronic Signature:by typing your name in this field, you agree that this signature is the electronic representation of your signature for purposes of this document.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature - Operator**

\_\_\_\_\_  
**Date**

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280.124 (a)(b), 3280.181 & 182: 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		BIRTHDATE	
ADDRESS			
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME PHONE	
ADDRESS			
BUSINESS NAME & ADDRESS		BUSINESS PHONE	
EMAIL ADDRESS		MOBILE PHONE	
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME PHONE	
ADDRESS			
BUSINESS NAME & ADDRESS		BUSINESS PHONE	
EMAIL ADDRESS		MOBILE PHONE	
<b>Emergency Contact Person(s)-Other than parent(s)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
<b>Person(s) to whom child may be released-Other than parent(s)</b>	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICAL/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER	
ADDRESS		ALLERGIES (INCLUDING MEDICATION REACTION)	
SPECIAL DISABILITIES (IF ANY)		MEDICATION, SPECIAL CONDITIONS	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION			
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENT CONSENT</b> Electronic signature: By typing your name in this field, you agree that this signature is the electronic representation of your signature for purposes of this document.			
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>	
WALKS AND TRIPS		WADING	
TRANSPORTATION BY THE FACILITY		SUN SCREEN	PHOTO RELEASE

Electronic signature: By typing your name in this field, you agree that this signature is the electronic representation of your signature for purposes of this document.

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE