

Power Plus Summer Camps

Date: _____

Camp numbers you are enrolling in? _____

Student Name: _____ Age: _____ Date of Birth: _____

Students Address: _____
Street Number/Name City Zip

Mother's Name: _____ Father's name: _____

Mother's cell number: _____ Father's cell number: _____

Mother's work number: _____ Father's work number: _____

Mother's place of business: _____ Father's place of business: _____

Mother's email: _____ Father's email: _____

Marital Status: _____

If parents do not live together, with whom does your child live?

Is there anyone to who your child can or should be released to?

Is there anyone to who your child may not be released? (Appropriate, Legal, documentation may need to be on file in order to enforce.)

Whom will be mainly responsible for child pick-up?

Emergency Contact Name and Number (other than the parents):

Fees to Expect

Monthly Camp Prices

Age 2-6: \$450 per month (4 camps total)

Age 7+: \$400 per month (4 camps total)

Additional hours: \$25 per child, per hour, weekly

\$100 non-refundable deposit will be due time of registration. The remainder of the camp will be paid on the first day of the month.

Weekly Camp Prices-

Age 2-6: \$125 per camp or week

Age 7+: \$105 per camp or week

Additional hours: \$25 per child per hour, weekly

\$50 non-refundable deposit will be due at time of registration. The remainder of the camp will be paid in full one week prior to the camp or month start date.

Sibling discount:

Monthly \$20 per month, after the first child

Weekly \$5 per week, after first child

Tuition

Fees are set to be paid in full one week prior to the camp start date or at the first of the month, No Exceptions. If your payment does not go through for ANY reason you will be charged a \$25 NSF fee and must pay the balance within 7 days from notification. A late fee of \$10 will be charged if delinquent past the 15th of the month. The student will be suspended or dropped from the class if account is delinquent for 30 or more days and arrangements are not made. Account will then be turned over to a collection agency. Parents are responsible for any and all collections costs.

Initial_____

Cancellation Procedure

When enrolling please make sure you are ready to commit to our Summer Camp Program for the contracted weeks. Summer camps are on a weekly or monthly basis. Should you drop out in the middle of the week, or month there will be no refunds given. As is difficult to replace the vacant spot in the middle of the month. I understand I will not receive a refund for any fees paid.

Initial_____

Proper Attire and Expectations

Students enrolled in Power Plus Preschool MUST be potty-trained. Students may not wear diapers, or pull-ups under any circumstances, due to the length of our class time and size. Of course, young children may have accidents and that can be handled appropriately. For this reason, we ask that you bring a spare change of clothes on the first week and leave them here through the course of the summer-just in case. Students must wear appropriate attire for dance, play that are both modest and comfortable.

Initial_____

Attendance

Good attendance is vital at Power Plus, not only for the student but for the consistency for the class and teacher as well. If a child is sick, we understand and expect them to stay home until they are no longer contagious. If your child will be missing class for any reason please call the school and leave a message for the teacher. No deductions will be made from charges for absences in the summer camps for any reason, you are paying to hold a spot in our summer camps. Regardless, if you attend, no makeup classes are offered.

Initial_____

Liability Release Waiver

As the legal parent or guardian, I release and hold harmless Power Plus Productions, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Power Plus Productions Productions, its owners and operators or in route to or from any of said premises. The undersigned gives permission to Power Plus Productions, its owners and operators to seek emergency medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I authorize Power Plus Staff to take my named child/children off campus to local parks. I authorize Power Plus Staff to transport my named child/children off campus to Taylorsville Rec Center, for field trips.

I have read, understand and will comply with the above statements.

Sign _____

Agreement

I certify that the information given above is complete and accurate, I understand that failure to disclose information about the applicant's medical, education, or emotional history may affect the school's admission decision and that the school reserves the right to reserve an admissions decision, even after acceptance and enrollment, if information has been withheld from the school. Acceptance of this application does not denote enrollment in Power Plus Summer Camps. You will be contacted if and when we have the appropriate space for your child. By signing below, we, as parents or legal guardians, agree to cooperate with Power Plus staff and abide by the financial policies and tuition payments pursuant in this agreement.

Sign _____

Power Plus Productions EFT Form

DEAR VALUED CUSTOMER

We want to provide you with the best service possible.

*Convenient *No lost or stolen checks *No delays or missing payments

*Your payment is fully protected.

AUTHORIZATION FOR AUTOMATED PAYMENTS

I authorize and request POWER PLUS PRODUCTIONS to initiate debit entries to my account, by Safe Save and to debit the same to such account as indicated below at the depository financial institution indicated below. This authorization is to remain full force & effect until Power Plus has received written notification from me of its termination in such time and manner as to afford Safe Save and depository financial institution a reasonable opportunity to act. If account becomes delinquent the authorized signer will be responsible for any and all collection charges.

Customer Name Print _____ Signature _____

(name of account holder)

Students Name (Dancer) _____

Bank Name _____

Account Type

Checking

Savings

Checking info or voided check here.

Initial Payment Information

Tuition Payment Amount: _____ Debit Timeline _____ First Payment Date: _____

Please Note: If you choose to use a debit or credit card for your EFT tuition payment There will be an additional \$5.00 monthly processing fee per month.

Credit Card (visa, MasterCard, am. express, discover)

Credit Card Number: _____

Credit Card Expiration Date: ____ / ____

EMERGENCY MEDICAL CONSENT FORM

Any Teacher/Supervisor employed at Power Plus Preschool has my permission to obtain emergency medical treatment for my child, _____

when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone _____ **Cell Phone** _____

E-mail Address: _____

Father/Guardian's Name _____

Home Phone _____ **Cell Phone** _____

E-mail Address: _____

My insurance provider is _____

My child's medical record number is _____

Preferred hospital/treatment center _____

My child is taking the following medications

My child has the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

Signature of Parent or Guardian **Date**

Signature of Parent or Guardian **Date**