

# Blackhawk Care Summer Camp

**FULL WEEK CAMP ENROLLMENT:** Your children will be with us for five days most weeks of the summer. We do understand that there will be weeks off for vacations, etc. In this plan, there is no reduction in cost for single days missed during a scheduled full five-day week. There will be a \$50 registration fee per child, no matter what enrollment plan you choose. If you are enrolling multiple children for each additional child the registration fee is \$40. This fee will be used towards snacks, supplies, activities, field trips, and will hold your child's spot for camp. Summer camp is open from 6:45am-6pm. We go on field trips on Tuesdays and Thursdays.

Please initial attendance weeks	WEEKS	Payment Due Date	Amount Due	One Week Cancellation Date
	<b>Week 1</b> May 30 <sup>th</sup>	May 30 <sup>th</sup>	\$160.00	May 23 <sup>rd</sup>
	<b>Week 2</b> June 5 <sup>th</sup>	June 1 <sup>st</sup>	\$200.00	May 29 <sup>th</sup>
	<b>Week 3</b> June 12 <sup>th</sup>	June 8 <sup>th</sup>	\$200.00	June 5 <sup>th</sup>
	<b>Week 4</b> June 19 <sup>th</sup>	June 15 <sup>th</sup>	\$200.00	June 19 <sup>th</sup>
	<b>Week 5</b> June 26 <sup>th</sup>	June 22 <sup>nd</sup>	\$200.00	June 26 <sup>th</sup>
	<b>Week 6</b> July 3 <sup>rd</sup>	<b>CLOSED</b>	<b>\$0.00</b>	
	<b>Week 7</b> July 10 <sup>th</sup>	July 10 <sup>th</sup>	\$200.00	June 10 <sup>th</sup>
	<b>Week 8</b> July 17 <sup>th</sup>	July 13 <sup>th</sup>	\$200.00	July 17 <sup>th</sup>
	<b>Week 9</b> July 24 <sup>th</sup>	July 20 <sup>th</sup>	\$200.00	July 24 <sup>th</sup>

**PARTIAL WEEK CAMP ENROLLMENT: Requires commitment of at least two days a week on a set schedule of chosen days.**

PLEASE CIRCLE amounts for the days you will attend and initial in column one.	Mon	Tues	Wed	Thurs	Fri	Field Trip Additional Fee if applicable	Total Due before Attending*
<b>Week 1</b>	Not open	\$40	\$40	\$40	\$40		
<b>Week 2</b>	\$40	\$40	\$40	\$40	\$40		
<b>Week 3</b>	\$40	\$40	\$40	\$40	\$40		
<b>Week 4</b>	\$40	\$40	\$40	\$40	\$40		
<b>Week 5</b>	\$40	\$40	\$40	\$40	\$40		
<b>Week 6 CLOSED</b>	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED		
<b>Week 7</b>	\$40	\$40	\$40	\$40	\$40		
<b>Week 8</b>	\$40	\$40	\$40	\$40	\$40		
<b>Week 9</b>	\$40	\$40	\$40	\$40	\$40		
<b>Occasional Care for single days is available at \$50.00 per day. <u>Requires previously completed enrollment packet</u> and 48-hour notification prior to attending. Please contact <b>Shae Barker, Blackhawk Care Director, 758-4491 x2127.</b></b>							
PLEASE COMPLETE CHILD INFORMATION & AGREEMENT SHEET							

- Applications and registration fees (\$50) completed before **Friday, May 5th** will be \$200 per week. There will be a 10% savings for a second child and the registration fee will be \$40 for the second child.
- Any parent who decides to **pay for the entire summer in one payment** will receive a 10% discount on the first student and then a 15% discount on any additional family. The program will also waive the registration fee.
  - First student - total cost \$1404 (savings \$156+\$50=\$206)
  - Second student - total cost \$1326 (savings \$234+\$40=\$274)
- Anyone who signs up for the summer program after Friday, May 5th, will be charged a weekly fee of \$250 as well as the registration fee of \$50.
- Summer Camp will be closed the week of July 3<sup>rd</sup>
- Blackhawk Care is open to limited number of children this year. Please turn in registrations by May 5<sup>th</sup> to ensure your spot.
- Our School Year program will start on Tuesday August 8<sup>th</sup>

- We accept cash, check, money orders, or you can pay directly online using your bank account or credit card. Once I have your enrollment packet I will set you up in our HiMama app that we will be using for summer camp and the school year program.

## Summer Camp Registration: Child Information

(A separate registration for each child, please.)

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: \_\_\_\_\_ (A separate registration for each child, please.)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_

**Ways to pay: Online via HiMama App, Cash, Check, Money Order**

**\*IF YOU CHOOSE TO PAY ON THE APP THERE WILL BE A 2.9 PERCENT FEE INCLUDED IN YOUR INVOICED AMOUNT.**

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Legal Custodian of Student: \_\_\_\_\_

Relationship: \_\_\_\_\_

MOTHER'S Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**(This will be first emergency contact unless otherwise noted.)**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Page / Cell: \_\_\_\_\_

Workplace / Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

FATHER'S Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Page / Cell: \_\_\_\_\_ Workplace / Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of person responsible for BHC Summer Camp fees, if different from above: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**EMERGENCY NUMBERS:**

Give two local adults who could be reached during BHC hours if a Parent / Guardian is not available.

**(Give all applicable numbers)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PICK UP AUTHORIZATION:**

Person(s) authorized to pick up your child, in addition to the above names listed. Any changes must be in writing.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**RELEASE OF SCHOOL INFORMATION:**

I give my permission for BHC staff to access and view School Registration Information and Health Information maintained in the School Front Office and in the Nurse's Clinic.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**HEALTH RECORDS: (This would be taken to emergency facility if needed.)**

Student's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Date of most recent physical: \_\_\_\_\_ Age of student at time of physical:

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Blood type (if known):

\_\_\_\_\_ Local Hospital Preference: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Dentist's Phone:

\_\_\_\_\_

Information you would want to share in an Emergency Room if you were not present:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CONSIDERATIONS:**

Allergies: Yes / No If yes, please outline cautions for our staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosed Health Conditions: Yes / No If yes, please outline cautions for our staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special routines / modifications prescribed by a doctor: Yes / No If yes, please outline cautions for our staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information that you would like BHC staff to know about your child:

\_\_\_\_\_  
\_\_\_\_\_

Please initial agreement on each statement

\_\_\_\_\_ Payment must be made the week prior to attending. No exceptions, if fees are not paid student may not attend.

\_\_\_\_\_ I will pay all registration fees that are applicable.

\_\_\_\_\_ I have read and understand the charges for summer camp opportunities.

\_\_\_\_\_ I will pay in full for my child's participation in chosen summer camp experiences the week before they attend.

\_\_\_\_\_ I will honor the notification time periods (one weeks before a full week or partial week enrollment and 48-hour phone notification for single, occasional care days (after I have a completed enrollment form on file). If I do not inform BHC of a cancellation I understand I am still required to pay for the days scheduled to attend.

\_\_\_\_\_ I am attaching a completed enrollment form for each child who will attend any time during summer camp.

\_\_\_\_\_ I know that my child is subject to a behavior plan if behavior is persistently aggressive or disrespectful to the building or the staff of BHC. I have read the sample behavior plan attached and understand.

\_\_\_\_\_ I have completed the registration packet, agreement, and paid the registration fee before May 5, 2023.

\_\_\_\_\_ I have completed the registration packet, agreement, and paid the registration fee after May 5, 2023.