

**Hatboro-Horsham School District**  
**2019 School-Age Summer Camp Enrollment Packet**

**Emergency & Health Information Contact**

- All information must be filled out completely. Failure to do so will result in a delay in your child's admission into the summer camp program.
- All paperwork must be received by May 30<sup>th</sup>.

**Tuition Agreement/ Tuition Express**

- All information must be filled out completely. Failure to do so will result in a delay in your child's admission into the summer camp program.
- There is a 10% second child discount. This does not apply towards field trips.
- *Tuition Express* is our program for the automated withdrawal of tuition from your debit account or credit card (MasterCard, Discover or Visa are accepted). For those parents who choose to enroll in this program, tuition will automatically be withdrawn from your preferred credit card or bank account on the Friday prior to service.
- Parents who do not wish to enroll in this program **must submit the first week's tuition with this enrollment packet**. Weekly tuition payments must be received by the end of the camp day on the Wednesday prior to service for the upcoming week of service.

**Summer Camp Calendar**

- **Circle** the days your child will be in attendance.
- There is a minimum attendance requirement of two days per week per child.
- There will be an additional 10% discount for payment received in full by May 30<sup>th</sup>. There is not a discount on the cost of field trips.

**Field Trip Sign up Form**

- Check the appropriate box indicating whether or not your child will attend.
- The form must be returned by May 30<sup>th</sup>. Payment in full must accompany this form. There are no discounts applied to the field trips.
- Please make sure your days of attendance match up with any scheduled field trips.

**Swim Consent Form**

This form must be turned in by May 30<sup>th</sup>. Failure to do so will prevent your child from participating in swim program and swimming at Nockamixon Pool.

**This packet must be completed in its entirety and returned to me by May 30<sup>th</sup> at:**

**Simmons Elementary**  
**411 Babylon Rd**  
**Horsham, PA 19044**

**All Check are made payable to Hatboro-Horsham School District.**

**Hatboro-Horsham School District's  
2019 Summer Camp  
Emergency & Health Information**

Student's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Parent's Names \_\_\_\_\_  
 Parent 1# \_\_\_\_\_  
 Work# \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone#: \_\_\_\_\_  
 Parent 2 Cell# \_\_\_\_\_  
 Work# \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_

Authorized pick up persons or persons who can be called to assume temporary care of your child if you cannot be reached.

1 Name _____ Address _____	Phone _____ Relationship _____
2 Name _____ Address _____	Phone _____ Relationship _____
3 Name _____ Address _____	Phone _____ Relationship _____
4 Name _____ Address _____	Phone _____ Relationship _____

I give permission for my child to be given:  
**Tylenol**                      yes                      no      **Tums**                      yes                      \_\_\_\_\_no

Please give details and dates if your child has, or had, any of the following health problems: (write none if child does not have)

Allergies \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Vision \_\_\_\_\_  
 Reoccurring Illness \_\_\_\_\_  
 Does your child carry an inhaler? \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Hearing \_\_\_\_\_  
 Seizures \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_ Name of medication(s) \_\_\_\_\_  
 Reason for Medication \_\_\_\_\_

**Is there** anything more about this child's health you think is important for us to know?  
 Explain.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Health Insurance Coverage \_\_\_\_\_ Policy# \_\_\_\_\_

In case of an emergency, I hereby give permission for the child care staff to perform **minor first-aid procedures** and to **obtain emergency medical care** by medical personnel and transported to an appropriate medical facility for further evaluation and treatment.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2019 School-Age Summer Camp

55 PA CODE CHAPTERS 3270.123 & .181(C); 3280.123 & .181(c); 3290.123 & .181(c)

NAME OF CHILD		
FEE AMOUNT \$ see below	PER-DAY -WEEK Weekly	IDAY PAYMENT TO BE MADE Wednesday week prior to service
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
<p><b>Program Weekly Fees Hours</b></p> <p>DI \$200.00 5 days</p> <p>D \$160.00 4 days</p> <p>D \$120.00 3 days</p> <p>D \$ 80.00 2 days</p> <p>Childcare, snack, outside time, outside presenters, arts and crafts, whole group activities, free play</p>		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$1.00	PER MIN-HR <b>1 minute</b>	1. 2. 3. 4.
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian ;

  JA   received complete written program information at the time of enrollment. (s 3270.121, 3280.121, 3290.121)

  JA   agree to update the emergency contact I parental sent form information whenever changes occur or every 6 months at a 3270.124, 3280.124, 3290.124)

<i>Jacqueline Barnhart</i>	<b>6/17/19</b>	<b>6/17/19</b>
SIGNATURE-OPERATOR	DATE	SIGNATURE-PARENT OR GUARDIAN      DATE

DATE OF CHILD'S ADMISSION <b>6/17/19</b>	PERIODIC REVIEW
DATE OF WITHDRAWAL	SIGNATURE-PARENT OR GUARDIAN      DATE

**Tuition™**

**Express**

*Automated Payment Processing  
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express™ - an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_(business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

\_\_\_\_\_  
Cardholder Name Phone#

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Account Number Expiration Date

\_\_\_\_\_  
Cardholder Signature Date

**D** Check if you wish to make online payments

<b>For Official Use Only</b>
Date Received
Employee Signature

A service of



## 2019 Blair Mill Summer Attendance Calendar

Entering 4<sup>th</sup> through 6<sup>th</sup> Grade

Childs Name: \_\_\_\_\_

Please circle the days your child will be in attendance. You will be responsible for paying for all days circled. Any changes made must be approved by the Director of Child Care.

### June

Monday	Tuesday	Wednesday	Thursday	Friday
17 Swim at Simmons	18	19	20	21
24 Swim at Simmons	25	26 Sesame Place All Camps	27	28 Swim at Simmons

### July

Monday	Tuesday	Wednesday	Thursday	Friday
1 Swim at Simmons	2	3	4 Closed	5 Closed
8 Swim at Simmons	9 Bov-dero Bowling	10	11	12 Swim at Simmons
15 Swim at Simmons	16 Sky Zone	17	18	19 Swim at Simmons
22 Swim at Simmons	23	24	25 Arnold's Family Fun All Camp	26 Swim at Simmons
29 Swim at Simmons	30 Lehigh Valley Iron Pigs (baseball) AllCamps	31		

### August

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2 Swim at Simmons
5	6 Burholme Mini Golf	7	8	9
12	13 Ambler Theater	14	15	16

**2019 Blair Mill Summer Camp**  
**Field TriQ Parent Info**  
**Entering 4th through 6th**

Child's Name: \_\_\_\_\_

<u>Date</u>	<u>Field Trip Destination</u>	<u>Cost</u>	<u>My child will attend</u>	<u>My child will not attend</u>
6/26	Sesame Place (Lunch Included)	\$ 40.00	O	O
7/9	Bowlero (Pizza Lunch Included)	\$ 16.00	O	O
7/16	Sky Zone Levittown (Pizza Lunch Included)	\$ 17.00	O	O
7/25	Arnold's Family Fun Center (Lunch Included)	\$ 30.00	O	O
7/30	Lehigh Valley Iron Pigs (Hot Dog Lunch Included)	\$ 14.00	O	O
8/6	Burlhome Mini Golf	\$ 15.00	O	D
8/13	Ambler Theater (Pizza Lunch Included)	\$ 10.00	D	D
Total cost of all field trips		\$ 142.00		

\_\_\_\_\_ Creditcard# \_\_\_\_\_ EXP Date \_\_\_\_\_ CV V# - - - -

- - - - Check attached: Check# \_\_\_\_\_ Check Date \_\_\_\_\_

This form along with payment must be returned by May 30, 2019.  
 I give permission for my child, \_\_\_\_\_ to attend the field trips marked above.  
 I understand that if I do not want my child to attend the field trip, I must make alternate arrangements for that day as there will be no care provided.

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

## 2019 Hatboro-Horsham Summer Camp Swim Consent Form

Dear Parent,

We will be swimming at Simmons Elementary Pool during the summer camp on Monday and Fridays from June 17, 2019 through August 16, 2019.

On the first swim day, your child's swim ability will be tested by the life guard staff. Your child will then be designated a certain pool area where they are allowed to swim based on ability.

Please sign and return this form, indicating whether you give permission for your child to participate in the summer swim program.

Jacqueline Barnhart  
Director of Childcare  
215-420-5470



Name of Child \_\_\_\_\_

Yes, I give permission for my child to swim at Simmons Elementary with the Hatboro-Horsham School District's Summer Camp Program.

No, I do not give permission for my child to swim at Simmons Elementary with the Hatboro-Horsham School District's Summer Camp Program.

\_\_\_\_\_  
Parents Signature

6/17/2019

\_\_\_\_\_  
Date

## 2019 Payment in Full Calculation Sheet

**Family Name:** \_\_\_\_\_

Week of:	1 <sup>st</sup> child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child
June 17			
June 24			
July 1 (3 day week)			
July 8			
July 15			
July 22			
July 29			
August 5			
August 12			
Total Cost per child			
Discounts	0%	10%	10%
Cost after Discount			
10% payment in full discount			
Total cost of field trips***			
Tuition + field trips			
Amount due per child			

Total amount due \_\_\_\_\_

\*\*\*discounts are not applied to field trips\*\*\*