

**BICCC BIG KIDS / KIDS CLUB - SUMMER CAMP 2011**  
**ENROLLMENT AND PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M \_\_\_ F \_\_\_

**Check :**  **Returning** [from 2010/2011 School Year] **OR**  **New Enrollment** Ethnicity (opt) \_\_\_\_\_

Elementary School: \_\_\_\_\_ 2011/2012 grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone--Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**NEW ENROLLMENT ONLY: Please include a \$25.00 non-refundable check for Summer ONLY Enrollment OR a \$40.00 non-refundable check for Summer & Fall Enrollment. Enrollment priority is per Board of Directors' policies.**

**Enrollment Schedules available are:** Two to Five days (Full Days OR Part Days). Schedules are available as space permits. Please read the following and then carefully fill out your child's schedule on the attached form.

**ALL SUMMER SCHEDULES MUST BE CONFIRMED BY JUNE 8<sup>TH</sup>, 2011.**

1. I grant permission for my child to use all of the program equipment and participate fully in all activities at Bainbridge Big Kids or Kids Club.
2. I grant permission for my child to leave the center premises under staff supervision for neighborhood walks. I understand that I will be notified in advance with details regarding field trips and must grant permission for each separate trip.
3. Unless crossed out and initialed specifically, I grant permission for my child and his/her image and voice to be included in any and all:
  - Certifications, evaluations, studies and projects connected with the Center's program;
  - Center-related electronic images, photographs, or videos used for staff training/workshops, advertising, electronic presence and public relations; and
  - The Center Directory, which lists family name, child's name, address, phone number and e-mail.
4. **I have read and understood the fee schedule, policies and procedures outlined in the BI-Child Care Centers' Parent Handbook and Disaster/Emergency Preparedness Plan. I agree to pay monthly tuition and fees. I have been provided an opportunity to request clarification of these policies.**
5. **I have completed and/or updated a current Emergency Form and Health Form for my child.**

**Field Trip Fund:** Field trips take place throughout the summer. We suggest that parents pre-pay \$25.00 to their child's Field Trip account for your convenience. These funds are used only for field trips.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: _____ Rec'd by: _____ Ck# _____ Amt: _____ Schedule Sent: _____ Confirmation Rec'd: _____
Forms Complete-- Emergency: _____ Health History: _____ Social History: _____ Immunizations: _____ FT: _____