

Chesterbrook Academy  
on North Pointe Blvd

# Summer Camp 2018



# Welcome



## About our Camp

Each week, children completed grades K thru 6<sup>th</sup>, jump into action, participating in exciting sports programs, exploring nature, becoming involved in performing and creative arts, playing a part in group activities, and attending special events.

Our campers expand their horizons, embark on new adventures, and most importantly have fun. Our exceptional program and dedicated staff create an environment that forges lifelong friendships among our campers. We create a summer experience that is unforgettable!

Our camp features a unique selection of indoor and outdoor activities and field trips that take advantage of resources in the local area.

## Special Features

- Quality staff
- Flexible, extended hours
- Field trips, special events
- Air conditioned facility/bus
- Lunch program
- Family activities

## Hours

**Monday-Friday** 6:30 am - 6:00 pm

## Schedule (no camp July 4)

<b>Week 1</b>	June 11 – 15	<b>Week 6</b>	July 16 – 20
<b>Week 2</b>	June 18 – 22	<b>Week 7</b>	July 23 – 27
<b>Week 3</b>	June 25 – 29	<b>Week 8</b>	July 30 – Aug 3
<b>Week 4</b>	July 2 – 6	<b>Week 9</b>	Aug 6 – 10
<b>Week 5</b>	July 9 – 13	<b>Week 10</b>	Aug 13 – 17
		<b>Week 11</b>	Aug 20 – 24



**Chesterbrook  
Academy**<sup>®</sup>

A Nobel Learning Community



# 2018 Tuition & Fee Schedule



## Select Camp Weeks (no camp on July 4)

- Week 1** June 11 – 15
- Week 2** June 18 – 22
- Week 3** June 25 – 29
- Week 4** July 2 – 6
- Week 5** July 9 – 13
- Week 6** July 16 – 20
- Week 7** July 23 – 27
- Week 8** July 30 – August 3
- Week 9** August 6 – 10
- Week 10** August 13 – 17
- Week 11** August 20 – 24

## Tuition & Fees\*

	Weekly Amount	# of Weeks	# of Campers	Total Cost
<b>Camp Tuition</b>	\$0.00			
<b>Activity Fee</b>	\$165.00	XX		
<b>Total</b>	\$0.00			

\*Payment Policy: One week's tuition is due at time of enrollment. Weekly camp fees are due every Monday morning at drop-off. We will charge a \$25 late fee if payment is not received by 12 pm Tuesday.

## Camper #1

## Camper #2

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

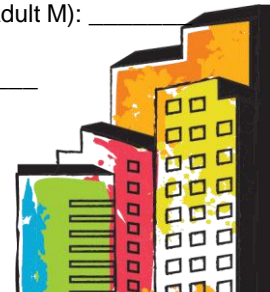
Grade Completed: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shirt Size (Y XS – Adult M): \_\_\_\_\_ Shirt Size (Y XS – Adult M): \_\_\_\_\_

# of Shirts\*\* \_\_\_\_\_ # of Shirts\*\* \_\_\_\_\_

**\*\*Each camper receives one t-shirt with camp registration. Additional shirts are available for \$15 each.**





# 2018 Tuition & Fee Schedule



Full Week	Select Camp Weeks/Days	M	T	W	R	F
Week 1	June 11 – 15					
Week 2	June 18 – 22					
Week 3	June 25 – 29					
Week 4	July 2 – 6					
Week 5	July 9 – 13 <small>No Camp on July 4</small>					
Week 6	July 16 – 20					
Week 7	July 23 – 27					
Week 8	July 30 – Aug 3					
Week 9	Aug 6 – 10					
Week 10	Aug 13 – 17					
Week 11	Aug 20 – 24					

	Full Week Cost	3 Days per Week	2 Days per Week	# of Weeks	# of Campers	Total Cost
Camp Tuition	\$198.00	\$139.00	\$115.00			
Activity Fee (one time fee)	\$0.00	xxx	xxx			
Total	\$0.00	\$0.00	\$0.00			

\*Payment Policy: One week's tuition is due at time of enrollment. Weekly camp fees are due every Monday morning at drop-off. We will charge a \$25 late fee if payment is not received by 12 pm Tuesday.

## Camper #1

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

Grade Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Shirt Size (Y XS – Adult M): \_\_\_\_\_

# of Shirts\*\* \_\_\_\_\_

## Camper #2

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

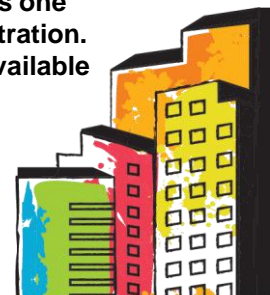
Grade Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Shirt Size (Y XS – Adult M): \_\_\_\_\_

# of Shirts\*\* \_\_\_\_\_

**\*\*Each camper receives one t-shirt with camp registration. Additional shirts are available for \$15 each.**



# CAMP REGISTRATION FORM



## Camper Information

Camper's Name \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Camper's Birth Date \_\_\_\_\_ Age on June 1st \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
Parent/Guardian 1 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
Parent/Guardian 2 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
Child in custody of (Please check one)  Both parents  Mother  Father  Other (Specify) \_\_\_\_\_  
Child lives with (Please check one)  Both parents  Mother  Father  Other Specify \_\_\_\_\_  
Does your child know how to swim?  Yes  No Do you give permission for your child to swim in camp programs?  Yes  No  
Do you give permission for your child to attend and participate in all activities on camp field trips?  Yes  No

## Medical Information

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
Dentist/Orthodontist \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) \_\_\_\_\_  
**Health History** – (Mark all that apply & provide copies of all immunizations)  Ear Infection  Convulsions  Asthma  Bleeding/Clotting Disorder  
Allergies  Pollen  Poison Oak/Ivy/Sumac  Penicillin  Insect Stings (List Type) \_\_\_\_\_ Foods (List Type) \_\_\_\_\_ Other (List Type) \_\_\_\_\_  
Operations, serious injuries, diseases, or restrictions on physical activity: \_\_\_\_\_  
Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)  
\_\_\_\_\_  
Behavioral conditions or problems of which camp staff should be aware \_\_\_\_\_

## Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_

**Parent Authorization/Medical Release:** The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_