



SUMMER CAMP 2019

Registration Packet

Do you want to give your children something to talk about?

Sign up now for Summer Camp 2019!

Spots are filling up quickly.

Kids Inc. has planned a summer camp adventure your children will look forward to coming to each day. They will return home with lots of exciting stories to share!

Each camper will receive a t-shirt, water bottle and Kids Inc. bag to bring to camp each day, and keep as a reminder for the many fun memorable adventures they had at camp.

Campers MUST have completed one year of Kindergarten and be eligible for our school age program.

Our weekly thematic lesson plans will give your child the opportunity to learn new skills and develop new friendships with their fellow campers.

Tentative Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Theme Day	Pool	Field Trip	Pool	Relax Day



CAMP RUNS FROM JUNE 10TH TO AUGUST 16TH

Location:

- 2900 8th Avenue Marion, IA 52302
schoolage.kidsinc@gmail.com
marion@kidsinc123.com
(319)-929-0145

Hours of Operation:

Monday - Friday 6:30 am to 6:00 pm (Closed Wednesday, July 4th.)
On field trip days, please drop your child off at the site by 9:00 a.m.

Registration Fee:

Registration fee is due at time of sign-up.

Registration before April 12, 2019: \$100 per child

Registration after April 12, 2019: \$125 per child

Registration fee is **NON-REFUNDABLE**

Registration fee covers the cost of a water bottle, drawstring bag, and field trip admissions.

Cost:

\$175 per week - one child

Multiple child discount may apply at a 10% discount

TUITION WILL BE AUTOMATICALLY DEDUCTED FROM YOUR BANK ACCOUNT THE FRIDAY PRIOR TO SERVICE

*Please see the ACH Form in which you will need to fill out and return with the registration form.

*A \$25 fee will be charged for insufficient funds.

Meals:

Healthy breakfast and afternoon snack will be provided by KIDS INC.

We will not have refrigeration available for lunches, please provide an ice pack.

Please respect KIDS INC. Shellfish and Peanut Free Policy



Pool Information

Marion Pool Pass Fees

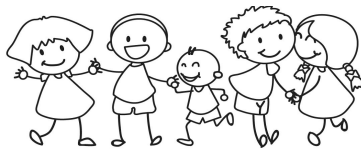
- Individual \$100.00 each
- Family \$190.00 per family
 - We will swim at the Marion Pool two days per week.
 - Children must have and wear their pool pass each day.
 - Label your child's belongings to reduce the risk of lost items.
 - Staff are not responsible for lost/stolen items.
 - Kids Inc. staff will be on duty at the pool as well as the lifeguards. Kids Inc. staff are not lifeguards, but will be monitoring all pools.
 - We will swim from approximately 12:30 p.m. to 2:30 p.m. We leave for the pool at/or around 12:00 p.m. and return at/or around 2:45 p.m.

SWIMMING LESSONS

- Parents are responsible for signing their child up for swimming lessons.
- The cost of swimming lessons is \$40.00 per session per child - payable to the Marion Parks Department
- Marion Parks Department provided Kids Inc. preferential early sign up for 6 available spots per level.
 - After registering for the Kids Inc. Summer Program 2019 you will have the option to enroll your child early in session 2, these spots will be given out on a first come, first served basis.
 - **Session 2 - June 17-28 at 8:15**
- You may only register for ONE SESSION through Kids Inc. early sign up.
- If your child took swim lessons during the past two years and you cannot recall what level your child is ready for this year, please contact the Marion Parks Department at 319-447-3590
- If early registration is missed you will still be able to sign your child up for lessons when it becomes open for the public in April.
- The van will take kids to the swim lessons at/around 8:00 a.m. and return to Longfellow at/around 9:00 a.m.

Sunscreen

- Please send one bottle of lotion SPF 30 or higher.
(in a labeled gallon size bag with your child's name) Please send LOTION ONLY. **NO SPRAY.**
- Staff will be applying sunscreen per parental request. Please notify us if your child has an allergy to any brand of sunscreen.



KIDS INC

Notice About Forms

Please be sure to fill out **ALL** forms attached with this packet before you return it to Kids Inc. We appreciate your time and effort! Thank you!

Camper's Name: _____

DOB: _____

Grade: (Fall 2019) _____

VACATION WEEK

All families will be allowed to take **ONE** Vacation Weeks.
Please indicate below **ONE WEEK** that will be 60% tuition.

June 10 - June 14 _____	July 8 - July 12 _____	August 05 - August 09 _____
June 17 - June 21 _____	July 15 - July 19 _____	August 12 - August 16 _____
June 24 - June 28 _____	July 22 - July 26 _____	Unsure at this time _____
July 01 - July 05 _____	July 29 - August 02 _____	

If you are unsure of your travel/vacation plans at time of registration, please provide us with a two week notice to utilize your vacation rate.

SUMMER CAMP FIELD TRIP SHIRTS

Each camper gets one FREE t-shirt

Please specify which size below.

Youth Small _____ Medium _____ Large _____ Adult Small _____ Adult Medium _____

Additional shirts are \$10 each.

Specify below the number of additional shirts

Youth Small _____ Medium _____ Large _____ Adult Small _____ Adult Medium _____

Field trip shirts must be worn on every field trip.



Authorization for Direct Payment via ACH

I authorize KIDS INC. to electronically debit my account (and, if necessary, electronically credit) my account to correct erroneous debits at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law.

Name of Financial Institution	
Routing Number	
Account Number	
Choose Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Amount of Debit(s) is determined by services provided.

Child's Name Youngest to Oldest	Age	Tuition	Discount	Tuition with Discount	Grand Total
		\$175	---		
			10%		
			10%		
			20%		

Total weekly tuition rate: \$_____. Tuition is due the Friday prior to care.
 Registration Fee: \$_____. Registration Fee is due when all paperwork is turned in.
 Debits will be scheduled weekly the Friday prior to the week of service.

Debits will show as **MCNEAL ENTERPRISES**.

I (we) understand that this authorization will remain in full force and effect until I (we) notify a Kids Inc. director that we wish to revoke this authorization. I (we) understand that Kids, Inc. requires at least 7 days prior notice in order to cancel this authorization.

Name	Signature	Date
_____	_____	_____

Start Date	Cell Phone
_____	_____



Child's Full Name _____ Birth Date _____

I, _____, parent or guardian of the child named above give my permission to KIDS INC., child care and learning center, to secure and authorize such emergency medical care, emergency dental care, and treatment as my child might require while under the Center's supervision, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

**NOTE: Every effort will be made to notify parents immediately in case of emergency.
In the event of an emergency, it would be necessary to have the following information:**

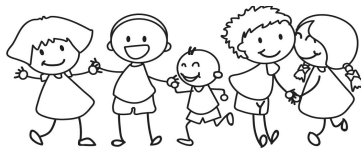
Name of Parent or Legal Guardian: _____
Address: _____
Cell: _____ Email: _____
Employer: _____ Work Number: _____

Name of Parent or Legal Guardian: _____
Address: _____
Cell: _____ Email: _____
Employer: _____ Work Number: _____

Emergency Medical Treatment Authorization/Consent Form

Primary Physician: _____
Address: _____
Phone: _____
Insurance: _____
Preferred Hospital: _____

Dentist: _____
Address: _____ Phone: _____



KIDS INC

Special conditions, disabilities, allergies, medications, or medical information/emergency situations:

NOTE: *We require an annual Action Plan signed and dated by your physician for each allergy.*

KIDS INC. does not serve peanut or shellfish products. In addition, we require that any items containing peanuts or shellfish are **not** brought into the center. **Parent/Guardian initials:** _____

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____

Cell: _____ **Work:** _____

Relationship to child: _____

Name: _____

Cell: _____ **Work:** _____

Relationship to child: _____

Name: _____

Cell: _____ **Work:** _____

Relationship to child: _____

Name: _____

Cell: _____ **Work:** _____

Relationship to child: _____

Please circle your responses and fill in the blank if applicable.

- **I do** or **do not** give consent for center staff to transport my child to and from school in a center-owned vehicle using only one staff. This may include car, van, bus, or public transportation.

- **I do** or **do not** give consent for my child's picture to be taken.

- **I do** or **do not** give consent for my child's picture to be shared on Kids Inc social media pages.

- I give consent for sunscreen to be applied to my child's skin. You must provide a bottle of sunscreen with the child's name written on the container in a permanent marker. **Parent/Legal Guardian initials:** _____

-I give consent for my child to attend center-sponsored field trips. This includes monthly drills and walking. **Parent/Legal Guardian initials:** _____



With my signature below, I consent to the above information as being complete, current, and correct. Any missing information will be returned to me to be completed in a timely manner. I will notify KIDS INC. with any and all changes. I certify that I have read and understand the terms, conditions, and policies discussed in the KIDS INC Family Handbook that is located under the Enrollment tab at www.kidsincia.com.

Parent/Legal Guardian's Signature: _____

Date: _____

Parent/Legal Guardian's Signature: _____

Date: _____