



THE FAMILY
CENTER

2020 Summer Camps



Session I June 8 - 18
Session II June 22 - July 2
Session III July 6 - 16

Educate. Inspire. Empower.



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2020 Summer Camps

It's time to think about summer fun! The Family Center Summer Camp enrollment is limited to Clayton residents and children currently enrolled in the Family Center's early childhood education program for the 2019-2020 or 2020-2021 school years. You will see many teachers from the school year at the Family Center Summer Camp!

3-Morning Camp

3-Morning Camp is located at the Gay Avenue campus and is for children who are at least 2 1/2 years old but **not yet 4 years old** as of June 8.

Camp days: Tuesday, Wednesday and Thursday - enjoy long weekends without missing Mondays or Fridays!

Hours: 9 a.m. to Noon

Session I - June 9 - 18

Session II - June 23 - July 2

Session III - July 7 - 16

Cost: \$223 per session

4-Morning Camp

4-Morning Camp is located at the Gay Avenue campus and is for children who are 3 years old as of June 8 up to 5 years old, **including children entering kindergarten**.

Camp days: Monday, Tuesday, Wednesday and Thursday. Children stay through lunch every day. Purchase a lunch through Chartwells, the District's food service provider, or bring your own lunch. Please note, no refrigerator or microwave is available.

Hours: 9 a.m.-1 p.m.

Session I - June 8 - 18

Session II - June 22 - July 2

Session III - July 6 - 16

Cost: \$311 per session

Please return your completed application with a deposit (\$223 for 3-Morning Camp and \$311 for 4-Morning Camp) to the Family Center, 301 N. Gay Ave., by March 6. Full payment for the Family Center Summer Camp is due by April 15. No refunds after April 15.



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3-Morning Camp Registration Form

Tuesday, Wednesday and Thursday

9 a.m. to Noon

\$223 per session

Children at least 2 1/2 years old but **not yet 4 years old** as of June 8

PART 1 (Please Print):

My child will attend the following sessions:

Session I - June 9-18

Session II - June 23-July 2

Session III - July 7-16

Child's Name: _____ Age: _____ Gender: M / F

Address: _____ Phone: _____

Date of Birth: _____ Special Interests: _____

Parent 1 Name: _____ Work Phone: _____ Cell Phone: _____

Parent 2 Name: _____ Work Phone: _____ Cell Phone: _____

Parent 1 Email: _____ Parent 2 Email: _____

Child Lives With:

Mother/Father

Mother Only

Father Only

Mother/Stepfather

Father/Stepmother

Other: _____

Sibling Names: _____

PART 2 (Please Print): Medical Information

Emergency Contacts (in the event a parent cannot be reached):

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Company: _____

Subscriber: _____ Policy #: _____

If your child is on medication, please specify: _____

Medical Information (disabilities, medical concerns or allergies including medications, foods, insects):

(OVER)

3-Morning Camp Registration Form Cont.

PART 3

PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS

- If this application is accepted, I agree to pay all fees associated with this summer program as outlined on this form.
- In the event my child needs emergency medical treatment and the parents or emergency contact cannot be reached, I give consent for the School District of Clayton to obtain through a licensed medical professional and hospital such medical care that is reasonably necessary for the welfare of my child. Emergencies needing the Clayton ambulance service will be dealt with as follows: children under 14 years of age will be transported to either Cardinal Glennon or St. Louis Children's Hospital. I agree to assume the cost for transportation and medical treatment in such an emergency situation.
- I give permission for the image or likeness of my child to be used by the District on the website, in various camp-related publications and in media releases.
- I give permission for the School District of Clayton to contact me with information about my child or my child's summer program via a pre-recorded phone message or mobile text message to any of the phone numbers listed on this form.

Signature of Parent/Guardian: _____ Date: _____

Please return your completed application with a deposit of \$223 to the Family Center (301 N. Gay Ave.) by March 6. Full payment for the Family Center Summer Camp is due by April 15. No refunds after April 15.

FOR OFFICE USE ONLY

Check # _____ Dated _____ \$ _____ Check # _____ Dated _____ \$ _____

Check # _____ Dated _____ \$ _____ Check # _____ Dated _____ \$ _____



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2020 Summer Camps

4-Morning Camp Registration Form

Monday, Tuesday, Wednesday and Thursday
9 a.m. to 1 p.m.
\$311 per session

Children 3 years old as of June 8 up to 5 years old, **including children entering kindergarten**

PART 1 (Please Print):

My child will attend the following sessions:

Session I - June 8-18 **Session II** - June 22-July 2 **Session III** - July 6-16

Child's Name: _____ Age: _____ Gender: M / F

Address: _____ Phone: _____

Date of Birth: _____ Special Interests: _____

Parent 1 Name: _____ Work Phone: _____ Cell Phone: _____

Parent 2 Name: _____ Work Phone: _____ Cell Phone: _____

Parent 1 Email: _____ Parent 2 Email: _____

Child Lives With:

- Mother/Father Mother Only Father Only
 Mother/Stepfather Father/Stepmother Other: _____

Sibling Names: _____

PART 2 (Please Print): Medical Information

Emergency Contacts (in the event a parent cannot be reached):

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Company: _____

Subscriber: _____ Policy #: _____

If your child is on medication, please specify: _____

Medical Information (disabilities, medical concerns or allergies including medications, foods, insects):

(OVER)

4-Morning Camp Registration Form Cont.

PART 3

PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT TO TERMS

- If this application is accepted, I agree to pay all fees associated with this summer program as outlined on this form.
- In the event my child needs emergency medical treatment and the parents or emergency contact cannot be reached, I give consent for the School District of Clayton to obtain through a licensed medical professional and hospital such medical care that is reasonably necessary for the welfare of my child. Emergencies needing the Clayton ambulance service will be dealt with as follows: children under 14 years of age will be transported to either Cardinal Glennon or St. Louis Children's Hospital. I agree to assume the cost for transportation and medical treatment in such an emergency situation.
- I give permission for the image or likeness of my child to be used by the District on the website, in various camp-related publications and in media releases.
- I give permission for the School District of Clayton to contact me with information about my child or my child's summer program via a pre-recorded phone message or mobile text message to any of the phone numbers listed on this form.

Signature of Parent/Guardian: _____ Date: _____

Please return your completed application with a deposit of \$311 to the Family Center (301 N. Gay Ave.) by March 6. Full payment for the Family Center Summer Camp is due by April 15. No refunds after April 15.

FOR OFFICE USE ONLY

Check # _____ Dated _____ \$ _____ Check # _____ Dated _____ \$ _____

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