



## The Harmony School of Decatur 2020 Summer Camp Registration Package

The Harmony School of Decatur (THS) campers enjoy a different theme each week as they explore, play, learn and make new friends. This summer's dates and weekly themes are as follows:

<b>Week 1</b> <b>June 8-12</b>	 <b>Happy Camping!</b> Indoor camping crafts, activities and songs, without bugs!	<b>Week 2</b> <b>June 15-19</b>	 <b>Mad Science</b> Enjoy fun science experiments, cool facts, games, and videos.
<b>Week 3</b> <b>June 22-26</b>	 <b>Art Camp</b> Time to get creative with a week full of painting, drawing and artsy crafts.	<b>Week 4</b> <b>June 29-July 3</b>	 <b>Camp Independence</b> Arts and craft activities to ring in the 4th of July. <b>Happy Independence Day!</b>
<b>Week 5</b> <b>July 6-10</b>	 <b>Shake, Rattle &amp; Roll</b> Instrument making, music and movement activities.	<b>Week 6</b> <b>July 13-17</b>	 <b>Dino Camp</b> This dino size week is dedicated to awesome dinosaurs!.

### Registration is open!!!

We're gearing up for a great summer, but it won't be complete without you and your family! Come and see what our summer adventures are all about.

Please note that enrollment is on a first come basis, so register early to reserve a space! New families, please call to schedule a site visit.

The Harmony School of Decatur  
2020 Summer Camp Registration Form

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Resides With \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and Zip Code \_\_\_\_\_  
1) Parent/Guardian Name \_\_\_\_\_  
Phone Numbers \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
2) Parent/Guardian Name \_\_\_\_\_  
Phone Numbers \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**THE HARMONY SCHOOL OF DECATUR SUMMER CAMP TUITION AGREEMENT**

2020 Summer Camp is in session **Monday, June 8<sup>th</sup> – Friday, July 17<sup>th</sup>**

Monday - Friday from 9:00 AM to 1:00 PM

I/we agree to assume financial responsibility for The Harmony School of Decatur's 2020 Summer Camp payments, for the student listed above. I/we understand that summer camp tuition is due on a **MONTHLY BASIS**, based on weeks of attendance, by the last business day of the preceding month (June total payment is due by May 31<sup>st</sup> **and** July total payment is due by June 30<sup>th</sup>). **Lunch is parent provided.**

**In addition to submitting a \$50.00 registration fee to reserve a space, I have circled the weeks of attendance. There will be no reimbursement or reduction of fees for absences.** I/we further understand that checks returned from the bank for insufficient funds will necessitate a \$35.00 returned check fee.

I/we realize that failure to meet this financial agreement will result in a child's removal from The Harmony School of Decatur Summer Camp.

**Weekly Attendance – Circle Weeks:** 6/8, 6/15, 6/22 6/29, 7/6, 7/13

**Weekly Tuition: Flat fee of \$125.00 per week (due on a monthly basis as noted above). During weeks of enrollment, campers attend as many days as you like Monday – Friday within the flat fee!**

\*5% discount per week for each additional child enrolled\*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
**Emergency Permission:** In the event of an emergency, if no one with parental authority can be reached, I give permission for The Harmony School of Decatur's owners to act on my behalf in securing necessary medical treatment. I will be responsible for any expense that may be incurred.

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_

Allergies \_\_\_\_\_

Special Instructions \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE HARMONY SCHOOL OF DECATUR**  
**2020 SUMMER CAMP PICK-UP PERMISSION SLIP**

Student's Name \_\_\_\_\_

Please list yourself, your spouse, the names of two emergency contact persons, and any other person(s) that you wish to give permission to pick up your child from The Harmony School of Decatur (THS) Summer Camp. Any exceptions need to be made in writing and given to your summer camp instructor. THS summer camp staff reserves the right to ask for photo identification from any person wishing to pick up a student at anytime.

**Please inform the Director of any custodial issues concerning your child/children.**

Name	Phone Number(s)	Relationship to Child
1. _____		
2. _____		
3. _____		
4. _____		

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Again, please note that only those persons listed on this sheet will be permitted to pick-up your child unless an additional written request is made.

<b>For Office Use Only</b>		
<b>Date of Enrollment</b> _____		
<b>Registration Fee</b> _____ <b>Check #</b> _____		
<b>Camp Tuition Payment(s) - Payment 1</b> _____ <b>Check #</b> _____		
<b>Payment 2</b> _____ <b>Check #</b> _____		
<input type="checkbox"/> <b>New Student</b> <input type="checkbox"/> <b>Current Student</b> <input type="checkbox"/> <b>Sibling</b>		

# **The Harmony School of Decatur**

## **2020 SUMMER CAMP PHOTOGRAPHY RELEASE**

We will have opportunities to photograph or video your child(ren) as they participate in THS's Summer Camp. These photographs and video clips may be used for bulletin boards, classroom crafts, group pictures, special activities, press releases, and/or promotion of the program.

Please check the appropriate section and sign below.

☐ I give permission for my child to be photographed by THS personnel.

☐ I do not give permission for my child to be photographed by THS personnel.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## **2020 SUMMER CAMP ATHLETIC WAIVER OF RESPONSIBILITY**

I hereby give my consent for the abovenamed student to participate in athletic activities, outside play, creative movement, and children's yoga activities at The Harmony School of Decatur (THS). In the event of a medical emergency, and a parent cannot be reached, I hereby authorize THS, its employees, agents, and representative's permission to select and secure medical attention as may be necessary for my child, as a result of injuries or other events requiring emergency care while in attendance. I further understand that if a situation occurs, THS and its school officials are not financially responsible for said medical attention and/or treatment. I understand that I am financially responsible for said medical attention and/or treatment.

The undersigned further agrees to absolve, indemnify and hold The Harmony School of Decatur, its agents, employees, and representatives harmless from any, and all claims of personal or property injury, loss or liability asserted by either student, the undersigned and/or any other party arising from or related to any school activity.

I/We Agree:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_