

Summer Camp 2019 Registration

Registration will be held February 4th - 15th

Summer Camp will be: Monday, June 10th through Friday, August 9th
(Closed Thursday, July 4th)

Registration fee is \$65.00. *Registration fees are non-refundable.*

**Registration Fee is due at the time registration forms are turned in to the Extended Day office.*

ACTIVITY FEE FOR KDG - 6TH GRADE: \$130 FOR 5 AND 4 DAYS ATTENDEES AND \$110 FOR 3 DAY ATTENDEES, DUE WITH FIRST WEEK CHILD CARE FEE. Field Trips will consist of both off-site trips or on-site events each week. Schedules for field trips and activities will be announced as soon as confirmed with vendors.

There will be priority registration for 5 day and 4 day attendees. After registration closes on February 15th, we will then place those who registered for 3 days as space allows.

A two weeks vacation is available for Summer Camp. A vacation credit will be given. (Example - Contracted for 5 days wkly = 10 days vacation, 4 days wkly = 8 days, etc. Vacation can be taken weekly or daily) To receive credit for vacation, the office must be notified in writing in advance.

Preschoolers MUST be registered for the School Year 19-20 Milford Preschool program, be 3 years old by Monday, June 10th, and toilet trained to attend Summer Camp. We MUST have a minimum of 12 children enrolled in the Preschool room for there to be a Summer program for Preschool.

Discounts: Family discount applies for families with two or more children in the Extended Day Program.

+++Students attending 3 or 4 days per week, it must be the same days every week.+++

Summer Camp 2019 Weekly Child Care Per Child

	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
Preschool Attend 5 days per week	\$209	\$188	\$167
Preschool Attend 4 days Per week	\$175	\$157	\$140
Preschool Attend 3 days per week	\$136	\$122	\$109
	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
KDG-6th Attend 5 days per week	\$149	\$134	\$119
KDG-6th Attend 4 days per week	\$131	\$118	\$105
KDG-6th Attend 3 days per week	\$112	\$101	\$ 90

Your payments for Summer Camp are due the Wednesday before each week.

First payment and activity fee are 0 due by Wednesday, June 5th to start Monday, June 10th, first day of Summer Camp.

Due to our waiting list, you must pay your weekly fees to insure your spot is reserved for your child. We are unable to run a balance on any account. We are unable to switch back and forth week to week on the days your child attends.

Extended day Summer Camp is a self supporting program. We employ our staff based upon the commitment parents have made to our program. We do not receive federal, state or local funding. Therefore, we will not refund fees or give credits for absences due to illness. Two week's vacation is available with account balance paid in full.

Please complete paperwork attached for each child that will be attending Summer Camp 2019. Registration Form, Authorized Pick Up List, Parent Agreement (with signature and schedule), Emergency Medical with signature and Permission Slip with signature. Vacation Schedule may be dropped off at office at your earliest convenience.

Summer Camp 2019



Milford Extended Day STUDENT REGISTRATION FORM Summer camp 2019

Office Use Only
Reg Fee PD <input type="checkbox"/>
Date Received _____
Teacher _____
County <input type="checkbox"/> SN <input type="checkbox"/>

Student ID # _____ School: _____ Grade School Year 19-20 _____

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Sex of Student ___ Male ___ Female Native Language _____

Date of Birth _____ Home Phone _____

Special Services ___ IEP ___ 1:1 Aide

Does the child receive Special Services? _____

May your child's photo be taken and displayed? ___ Yes ___ No

May your child be listed on a roster? ___ Yes ___ No

Handbook received? ___ Yes ___ No Use Online? ___ Yes ___ No

Legal Guardianship

Are you the biological/adoptive parent(s) of the child? ___ Yes ___ No

If no, what is your relationship to the child? _____

Status of BIOLOGICAL/ADOPTIVE Parents ___ Married ___ Divorced ___ Widowed ___ Separated ___ Single/Never Married

If divorced, who has legal custody? ___ Mother ___ Father ___ Shared Parenting

If foster/guardian, please list Case Manager/Court Liaison _____

Do you have legal papers? ___ Yes ___ No

Please complete information on father and mother, including contact numbers, regardless of marital status.

Circle: Father/Guardian/Foster Parent

___ Resides Here ___ Contact about Payment

Name: _____

Address: _____ City _____ State _____ ZIP _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____ Business Phone: _____

Circle: Mother/Guardian/Foster Parent

___ Resides Here ___ Contact about Payment

Name: _____

Address: _____ City _____ State _____ ZIP _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____ Business Phone: _____

Preferred Email Address _____ 2nd Email address _____

Step-Parent Father _____ Work/Cell Phone _____

Step-Parent Mother _____ Work/Cell Phone _____

Emergency Number: _____

*** Monthly statements will be emailed. Please provide email address above.**

Special Services	IEP <input type="checkbox"/>	1:1 AIDE <input type="checkbox"/>
Siblings		

Name	Age	Grade	Lives with...
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Pick Up List (other than parents)

Name
Relationship
Home#
Cell#
Work#

Name
Relationship
Home#
Cell#
Work#

Name
Relationship
Home#
Cell#
Work#

Name
Relationship
Home#
Cell#
Work#

SC 2019 EXTENDED DAY PROGRAM AGREEMENT (Grades Preschool-6th)

The Parent/Guardian of (student name) _____ and the Milford Exempted Village School hereby agrees to the following participation provisions of the Milford Extended Day Program:

Parent/guardian will pay weekly child care fee of \$_____ for their child to attend the indicated days per week. Payments can be made with Visa, MasterCard, Discover, EZPay (online), check, or money order. Make check or money order payable to MILFORD BOARD OF EDUCATION. NO CASH PAYMENTS PLEASE.

Your payment for each session of Summer Camp is due by Wednesday, in advance of the week of service. If you prefer to pay other than weekly, it must be paid in advance. We are unable to run a balance on any account. Payment schedule is as follows:

First payment due June 5th. Account must be paid in full by July 31st.

At the time of registration, a non-refundable sixty five dollar (\$65) registration fee must be paid for Grades PreS-6th.

Activity Fee for KDG – 6th grades: \$130 for 5 days or 4 days, \$110 for 3 days, due with first week Child Care fee.

Late Pick Up Fee: The program closes at 6:30 p.m. After 6:30, you will be charged \$20 per child for every 10 minutes, or portions thereof, until your child is picked up. Continual late occurrences could jeopardize your position in the program.

All medical conditions or special concerns that may affect the child’s welfare while participating in the Milford Extended Day Program should be disclosed by parents at the time of registration.

I understand and agree with the provisions of this agreement. I will abide by these and other regulations of the Milford Extended Day programs as presented in the Parent Handbook, while my child is a participant in the program. The Parent Handbook can be found online at www.milfordschools.org.

Monthly statements emailed. Please email statement to: _____

++++CONTACT FIRST ABOUT ACCOUNT: _____++++

Parties responsible for payment must sign.

First Parent Signature _____ Date _____

Second Parent Signature _____ Date _____

Sign up for SC-19

The days you sign up to attend are the only days your child may attend. We are unable to switch days.

A.M. Drop off

Sign in time _____

P.M. Pick up

Sign out time _____

____ 3 days per week (circle or check) ___M ___T ___W ___TH ___F

____ 4 days per week (circle or check) ___M ___T ___W ___TH ___F

____ 5 days per week

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT EMERGENCY MEDICAL AUTHORIZATION FORM (2019-2020)

(Ohio Revised Code 3313-712)

STUDENT'S NAME _____	STUDENT ID#: _____	GRADE: _____
STREET ADDRESS _____	DATE OF BIRTH: _____	
CITY, STATE, ZIP _____	PARENT EMAIL: _____	

PURPOSE: To enable parents and guardians to authorize the provisions of emergency treatment or transportation for children who become ill or injured while under school authority, or during an emergency situation, when parents cannot be reached. **IF ANY CHANGES OCCUR, NOTIFY THE SCHOOL IMMEDIATELY. (Please PRINT or TYPE, and SIGN the FORM IN THE APPROPRIATE AREAS.)**

PARENT/LEGAL GUARDIAN:

Student lives with: (please check) and enter information below:

- Both Parents
 Mother only
 Father only
 Shared Parenting
 Foster Parent
 Other _____

NAME	RELATIONSHIP	CELL PHONE	HOME PHONE	WORK PHONE

List three (3) names of people to be contacted in the **EVENT OF AN EMERGENCY:**

I understand that my child may be released to anyone on the list if ill, injured, or if an emergency occurs, and he/she must leave school.

NAME	RELATIONSHIP	CELL PHONE	HOME PHONE	WORK PHONE

Please provide detailed information regarding any medical problems, allergies, special needs: _____

Medication your child takes daily: _____

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers or other support staff involved in the academic setting. If you **DO NOT CONSENT** for the sharing of this information, you are required to state this in writing and submit your statement with this form to your school administrator.

PART I OR PART II MUST BE COMPLETED- (complete ONE SECTION ONLY)

PART I: TO GRANT CONSENT

(A) I hereby **GIVE MY CONSENT** for the following medical care providers and local hospital to be called:

DOCTOR: _____	Phone: _____
DENTIST: _____	Phone: _____
HOSPITAL: _____	Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

(B) I authorize Milford Exempted Village School District to release any information which I have provided this school district concerning any medical history, including information regarding allergies, medications, physical condition, etc. of the student named above to any employee of the school district and/or volunteer providing medical service to the school district who has responsibility for such student while the student is at school, participating in a school sponsored function, or is being transported by the school.

SIGNATURE OF PARENT/LEGAL GUARDIAN/ _____ DATE _____
or STUDENT (IF 18 YEARS OR OLDER)

PART II: REFUSAL TO GRANT CONSENT

I DO NOT GIVE MY CONSENT for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

SIGNATURE OF PARENT/LEGAL GUARDIAN/ _____ DATE _____
or STUDENT (IF 18 YEARS OR OLDER)

MILFORD EXEMPTED VILLAGE SCHOOLS
Milford, OH

2019 Extended Day Summer Camp Permission Slip

Dear Parents:

The Milford Schools Extended Day Summer Camp Program will provide field trips throughout the summer for participants (Grades Kindergarten through 6th grade). Field trips are NOT optional. Childcare at the site will not be available on field trip days except for preschoolers.

It is necessary that your child have written permission from their parents or guardian to participate in the field trips. This form will be the only permission slip you will sign. Your child's field trips will be posted. Milford Transportation Department will provide transportation for Extended Day Summer Camp field trips.

This permission slip will also cover water play days. By signing, you give permission for your child to participate in water play. [ODE Licensing rules 3301-37-07 e,i require parental permission for the water activities your child will be engaging in.]

Thank you,

Melodie May
Director Extended Day

3301-37-07 b

Check one of the following: **My child is a Swimmer** **Non Swimmer**

I give my son/daughter, _____ Grade _____

Permission to go on all field trips offered through the Milford Schools Extended Day

Summer Camp Program and participate in water play days.

Parent Signature: _____

Date: _____

Phone #: _____

(Contact phone number between 9:00 am and 4:00 pm)

FIELD TRIPS:

Field Trips to be announced

**Summer Camp 2019
Vacation Notification Form**

Extended Day Parents:

Due to scheduling of staff, we must have your summer vacation schedule returned to the Extended Day office A.S.A.P.

Vacation during Summer Camp: You may take two weeks of vacation during Summer Camp. You will be given a vacation credit. (Example - Contracted for 5 days weekly = 10 days vacation, 4 days wkly = 8 days, etc.) You may take vacation by the week or day.

You may put your vacation schedule in with your payment or drop it off in the Extended Day office. (Please hand in form in advance of vacation.) If you have more than one student in the program, you may use one form. Please make sure your students' name, grade for the SY 19-20, and dates are listed clearly. This form must be returned to receive credit for vacations.

Melodie May, Director

Child's Name _____

Grade _____

Child's Name _____

Grade _____

Child's Name _____

Grade _____

Parent Name _____

Date of Vacation Week/Days _____