

2020 Tuition & Fee Schedule

*Electric*²⁰²⁰
Summer

We are planning to open our doors for summer camp and will be following recommended guidelines for the health and well-being of our community. We will likely have to limit camp enrollment to meet social distancing expectations. Please register for camp soon to ensure that we can plan for appropriate staffing needs and supplies. The registration fee and one-week deposit is risk free due to current circumstances. This means that if camp is not held, or you decide that you do not feel comfortable sending your child to camp with everything going on, refunds will be given for deposits and registration fees. Please let us know if you have any questions! We are looking forward to a very fun summer!

Stay tuned for our Academic Bootcamp addition to camp!

No Risk Enrollment!

One Time Registration Fee: \$200*

One Week Deposit: \$200*

*Both Due at time of Enrollment

Both Refundable

	4/5 Days per Week	3 Days per Week	2 Days per Week	1 Day
Camp Tuition	\$200.00	\$150.00	\$110.00	\$65.00

Full Week	Select Camp Weeks/Days	M	T	W	TH	F
Week 1	June 1 - 5					
Week 2	June 8 - 12					
Week 3	June 15 - 19					
Week 4	June 22 - 26					
Week 5	June 29 - July 2					<u>No Camp</u>
Week 6	July 6 - 10					
Week 7	July 13 - 17					
Week 8	July 20 - 24					
Week 9	July 27 - 31					

Submitting Your First Payment:

(Registration & One Week Deposit: \$400)

Please select how you will make your first payment:

- Credit Card
- Check Made Payable to Merryhill School

(Please mail to the school)

***Payment Policy:** Weekly camp fees are due every Monday or on the first day of the week in attendance. We will charge a \$30 late fee if payment is not received by 12 pm Tuesday. ACH for automatic withdrawal will avoid late fees. There are no deductions in camp tuition for absences or illnesses unless you email jande.beitpolous@merryhillschool.com PRIOR to Monday at 10:00AM. Only make schedule changes via email.

Camp Registration Form

School# _____

School Name _____

Camper	Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date _____ Grade in the Fall: _____
	Address: _____ City: _____ State _____ Zip _____
	Does your child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please describe custody arrangement & provide documentation. _____
	Does your child know how to swim? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you give permission for your child to swim in camp programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child permitted to participate in all activities on camp field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/ Guardian	Name: _____ Cell Phone _____ Work Phone _____ Home Phone: _____
	Address: _____ City: _____ State _____ Zip _____
	Email _____ Employer name & address _____

Other Parent/ Guardian	Name: _____ Cell Phone _____ Work Phone _____ Home Phone: _____
	Address: _____ City: _____ State _____ Zip _____
	Email _____ Employer name & address _____

Others Authorized	Other Individuals Authorized to Pick-Up This Child
	Name: _____ Relationship _____ Address: _____ Cell Phone: _____
	Name: _____ Relationship _____ Address: _____ Cell Phone: _____

Medical Information	Child's Physician _____ Physician's Phone _____
	Child's Dentist/Orthodontist _____ Dentists/Orthodontist's Phone _____
	Medical Insurance Provider (Please submit a copy of insurance card) _____ Policy Number _____
	Health History (Choose all that apply & provide copy of immunizations) <input type="checkbox"/> Ear Infection <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder
	Allergies <input type="checkbox"/> Pollen <input type="checkbox"/> Poison Oak/Ivy/Sumac <input type="checkbox"/> Penicillin <input type="checkbox"/> Insect Stings (Specify) _____ <input type="checkbox"/> Foods (Specify) _____ <input type="checkbox"/> Other (Specify) _____
	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 clearly labeled with doctor's instructions) _____
Behavioral conditions or problems of which camp staff should be aware _____	

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. If 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 camp 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:** _____