



BEACON ADVENTURES CAMP CHILD REGISTRATION FORM (ONE PER EACH CHILD)

CHILD'S INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Date of Birth _____ Age _____ Enrollment Date _____ Start Date _____

Allergies or other important information: _____

Please provide your Mobile Carrier information if you would like to receive informational texts

For security purposes, please provide both parent/guardian information

PARENT/LEGAL GUARDIAN 1 INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Home Address _____ City _____ State _____ Zip Code _____

Social Security Number _____

Home Phone _____

Employer _____

Cell Phone _____

Address _____

Work Phone _____

City _____ State _____ Zip Code _____

Email Address _____

PARENT/LEGAL GUARDIAN 2 INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Home Address _____ City _____ State _____ Zip Code _____

Social Security Number ----- ____

Home Phone _____

Employer _____

Cell Phone _____

Address _____

Work Phone _____

City _____ State _____ Zip Code _____

Email Address _____



Camp Fee Rates

5 Days - \$450; 4 Days - \$370, 3 Days - \$285, 2 Days \$195

Camp Sessions

- Session 1 July 5 - 8 (M_T_W_Th_F)
- Session 2 July 11 - 15 (M_T_W_Th_F)
- Session 3 July 18 - 22 (M_T_W_Th_F)
- Session 4 July 25 - 29 (M_T_W_Th_F)
- Session 5 August 1 - 5 (M_T_W_Th_F)
- Session 6 August 8 - 12 (M_T_W_Th_F)
- Session 7 August 15 - 19 (M_T_W_Th_F)
- Session 8 August 22- 26 (M_T_W_Th_F)

Total Due: _____

Total= _____

- Deposit : \$500 (payable via Check()Cash()Venmo()Zelle()ACH()CC()

Please bill my credit card the following amount: \$_____

Name on Card: _____ Circle: MasterCard /VISA

Credit Card #: _____ Exp. Date: _____ CSV: _____ Signature: _____

Cancellations will result in the forfeiture of the non-refundable deposit per session. The Beacon Preparatory Academy cannot guarantee placement if balances and required forms are outstanding after payment deadline. I authorize processing my credit card via Procure TuitionExpress.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**CUSTODIAL ACKNOWLEDGEMENT:**

I understand that providing both parents/legal guardians information gives both parties the right to visit/pick up the above-mentioned child at any time. If custody circumstances change for any reason, Beacon Adventures Camp must be notified in writing and we may request documentation by the proper authority.

Parent 1 Signature: _____ Parent 2 Signature: _____

CUSTODIAL INFORMATION:

If a non-custodial parent is not among those persons authorized to pick up the child or if a court order pertains to your custodial agreement, a court order must be provided. Please check the appropriate box below.

____ Yes, this situation applies. A court order is attached.

____ Not Applicable

EMERGENCY CARE AUTHORIZATION:

In the event that a medical emergency occurs, I authorize Beacon Preparatory Academy to seek emergency care for my child as deemed necessary by the Director and I authorize such medical provider to carry out required emergency treatment. (Please provide a copy of child's health insurance card)

Signature: _____ Date: _____

MARKETING INFORMATION:

How did you hear about Beacon Adventures Camp?

____ Personal Referral (If so, who?) _____ Drive-By _____

____ Internet (what search engine?) _____ Advertisement (which one) _____

I understand and agree to all of the policies and requirements of Beacon Preparatory Academy including Financial Agreement, Expulsion Policy and the Parent Information Statement. I also understand that full tuition is due regardless of holidays, inclement weather days, short-term illnesses, or vacations and that returned transactions will be assessed a fee.

Parent/Legal Guardian 1 Signature: _____ Date: _____

Parent/Legal Guardian 2 Signature: _____ Date: _____

OFFICE USE ONLY:



EMERGENCY CONTACT INFORMATION FORM

(For Office)

Child's Name: _____

Child's Address: _____

Birth date: _____

Emergency Contacts/ Authorized Pick – Ups

1. Name: _____ Relation to Child: _____
Address _____
Work Phone: _____ Cell Phone _____
2. Name: _____ Relation to Child: _____
Address _____
Work Phone: _____ Cell Phone: _____
3. Name: _____ Relation to Child: _____
Address: _____
Work Phone: _____ Cell Phone: _____

Name of Child's Physician & Telephone Number

Name: _____ Telephone #: _____

Is your child currently taking any medications? If yes, please list medications and possible side-effects below:

Does your child have special health needs (allergies, asthma, etc.) that we should be aware of? Please request a special care plan so that we can best accommodate your child's needs.



(Second page of Emergency Contact Form)

Child's Name _____

If cakes, cookies, or other treats are given as a snack in the event of a Birthday or other special occasion, do you object to your child consuming them? _____

Is a language other than English spoken at home? _____

If so, what language? _____



FINANCIAL AGREEMENT

This agreement is made and entered into between Beacon Preparatory Academy and (Parent(s) Name) _____

The Beacon Preparatory Academy hereby accepts (Child's Name) _____ for enrollment beginning _____, 20____. I/We the parent(s), agree to pay the applicable fees for the services which we subscribe per session under the following terms:

1. Adjustments or pro-rated fees are not applicable for illness, vacations, and closings due to holidays, inclement weather or as a result of the end of the programs cycle. Once you have paid your child's tuition for the given session, you are committed for its entirety. There is no exception to this policy.
2. Any child registered who does not start at the Beacon Preparatory Academy on the agreed upon date will forfeit all deposits and fees paid (unless previously agreed to with the Center Director).
3. It is the responsibility of the parent to maintain payments throughout any intermission in attendance, regardless of the length of time, to continue your account in good standing. Interruption of payments resulting from temporary withdrawal from the camp will result in losing the child's placement.
4. There will be a \$50.00 fee charged for any returned checks or accounts accessed which do not have sufficient funds to cover tuition payments.
5. A late pick-up fee will be imposed for children held after hours of operation. This charge will be assessed at a rate of \$10.00 for each ten-minute period. This fee will be charged even if you have notified us that you will be late. The late pick-up fee will be billed to you on the following day and must be paid within two business days. Try to make alternate arrangements if you cannot be at the Beacon Preparatory Academy in time to pick up your child. This will save you a late fee and ensure our staff a timely departure.

I/We have read the above terms and understand the financial commitment to Beacon Preparatory Academy. I/We recognize that this is a legal agreement. I/We sign it with the full knowledge and consent of its meaning and importance.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Child Image Usage Consent Form

This parental consent form serves to both inform you and to request permission for your child's photo/image and personally identifiable information to be published online, including our public website, social media sites, other Internet sites and to be used for Beacon Preparatory Academy publicity purposes.

I/we are aware that we are granted live video feed access via proprietary application into our child's assigned camp division along with all the other parents of this assigned camp division. In addition, I/we are aware that our child's pictures and videos will be shared in the private closed Facebook group of Beacon Preparatory Academy & Smart Stars Academy II.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter or email to the camp director and such rescission will take effect upon receipt.

Check one of the following choices: _____ I/We GRANT or DO NOT GRANT permission for my child's photo/image to be used.

Child's Name: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Enrollment

Required documents

In order to enroll at Beacon Adventures Camp, you must bring the following (filled out and signed):

- Parent's Identification Forms
- Custody court order (if applicable)
- Registration form
- Emergency contact information and consent form
- Universal child Health Record AND Immunization Record
- Signed privacy policy for camera usage, consent for photographs, video and interviews, social media use policy and any other applicable confidentiality related policies

Camp Supplies List

- 1 Sunscreen
- 1 Water bottle (preferably insulated)
- 1 Cloth mask
- 2 pairs of sneakers (inside and outside)
- 1 Baseball Cap / Sunhat / Hat
- 1 Bug repellent
- 1 swimwear set (sprinklers)
- 1 change of clothes
- 1 pair of shoes for water play (ex. crocks)

Please label the items with your child's name if possible



AGREEMENT

1. I give my child, identified above, permission to participate in all activities and events offered at the Beacon Adventures Camp including but not limited to walking trips, bus trips, water slides, inflatables, animal/reptile show participation, water play, sports and games, and any and all other activities provided by the summer camp.

_____ (Initial here if permission is allowed)

2. I am aware of the inherent dangers and risks involved in summer camp physical activities including: bodily injury to the eyes, nose, head neck or back; sprains, fractures, breaks or dislocations of the joints or limbs; lacerations or concussions.

_____ (Initial here)

3. I understand that Beacon Preparatory Academy does not provide any accident or medical insurance for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy provisions listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. NOTE: Your child will not be allowed to participate in our camp(s) unless your medical insurance provider and policy number are provided below:

Insurance Co.: _____
Name of Policy Holder: _____
Policy/ID No.: _____
Insurance Co. Phone: (_____) _____
Insurance Co. Address: _____

4. In the event of an injury of illness, I give permission to Beacon Preparatory Academy to seek and authorize emergency medical or dental care for my child for treatment by a physician, dentist, nurse or licensed EMT and/or emergency room staff at the local hospital or onsite. I understand that I will be responsible for all medical & dental bills ensuing from any such emergency.
5. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Beacon Preparatory Academy and its owners, trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this summer camp except those things caused by the sole negligence of Beacon Preparatory Academy.



6. I understand that the Beacon Preparatory Academy is not responsible for personal property damaged, lost, or stolen while members and/or program participants are using the Beacon Preparatory Academy facilities or on the premises.

7. I give my perpetual permission to Beacon Preparatory Academy to use, without limitation or obligation, photographs, film footage, or tape footage which may include my child's image or voice for purposes of promoting or interpreting to the Beacon Adventures Camp, Beacon Preparatory Academy & Smart Stars Academy II.

Child's Name: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____