

**Summer Camp 2022**

**Registration Form**

**June 20 - Aug 5, 2022**

**1. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade entering in 2022-2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade entering in 2022-2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade entering in 2022-2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:** Medical or other information we need to know. Please include any food allergies.

Child’s Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s E-mail *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print to be legible)*

**Emergency Contacts / Pick Up Authorization:** Who may pick up your child at the end of the day?

1. Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All activities present inherent risk and hazards, which the participant assumes. If my child becomes injured or ill during summer camp I agree to pick up my sick or injured child in a timely manner when contacted. The school has my permission, in an emergency when I cannot be contacted to take my child to the nearest appropriate medical facility, and the facility and it’s medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

Signature of Parent/ Legal Guardian Date

* **Photography:** May we have permission to photograph your child? Photography may be used for weekly newsletters, bulletin boards or marketing materials. *(Please circle your response*) **Yes No**

**Ways to Register:**

**DROP OFF or EMAIL** the completed registration form to jpark@littleflockschool.org or CALL 703-591-1216 to request more information. Payments are processed online through brightwheel.

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**Summer Camp Hours & Fees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session** | **Dates** | **Early Registration Fee**  **(Before April 30)**  ***$300 per week*** | **Regular Registration Fee**  **(May 1-June 10)**  ***$350 per week*** | **Late Registration Fee**  **(After June 10)**  ***$400 per week*** | **OFFICE USE ONLY**  **(Date & Initials)** |
| **Session 1** | **6/20 - 7/1 (2 weeks)** | **$600 Full Day** $500 Half day | **$700 Full Day** $600 Half day | **$800 Full Day** $700 Half day |  |
| **Session 2** | **7/5 - 7/22 (3 weeks)**  **\*(No camp on July 4th)** | **$900 Full Day** $650 Half day | **$1050 Full Day** $900 Half day | **$1200 Full Day** $1050 Half day |  |
| **Session 3** | **7/25 - 8/5 (2 weeks)** | **$600 Full Day** $500 Half day | **$700 Full Day** $600 Half day | **$800 Full Day** $700 Half day |  |
| **Full Summer (Sessions 1-3)** | **6/20-8/5 (7 weeks)** | **$1900 Full Day** $1450 Half day | **$2250 Full Day** $1900 Half day | **$2600 Full Day** $2250 Half day |  |

**\*\* $200 off when you sign up for full summer. Tuition is reduced price.**

**\*\* All payments are due by the last day of the registration’s date: Early Registration due by April 30, Regular Registration due by June 10th, and Late registration due upon registration.**

**SCHEDULE:**

* + **Full day (8:25 am to 3:00 pm)** **&** **Half day (8:25 am to 12 noon**) for K2 & K3 **(8:25 am to 12:30)** for K4
  + **Before Care (7:00 am to 8:25 am)** additional $35/week
  + **After Care: Full Time** **(3:00 pm to 6:00 PM)** additional $75/week
  + **After Care: Half Time (3:00 pm to 4:30 PM)** additional $45/week

**Discounts and Special Rates (\*If a student is eligible for more than one discount, only the higher one applies.\*)**

* **Current students (SY 21-22) will get 10% off.**
* Families with siblings receive 5% off (excluding extended care).
* For extended care, 2nd child will receive 15% off, additional siblings will receive 25% off.
* There is a 10% discount for congregation members of the Coptic Orthodox Church. (All congregation members need to turn in the Congregation Member Tuition Discount Form)
* There is 5% discount to military families (Active and Veterans only) and first responders with valid ID.
* **Last day to cancel is May 31st with no tuition penalty fee**. Administration fee is not refundable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Participants Name** | **Half Day or Full Day** | **Extended Care**  **(Circle)** | **CAMP FEE TOTAL** |
|  | Half / Full | AM / PM | $ |
|  | Half / Full | AM / PM | $ |
|  | Half / Full | AM / PM | $ |
| ADMINISTRATION FEE | | | $50 per child |
| TOTAL | | | $ |
| NOTE: | | |  |

Cancellation after June 1st, we will charge 50% of the total summer camp tuition fee.

**\*How did you hear about us?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Website |  | Student of LFCS |  | Congregation member of another Coptic Church |
|  | Attended a previous Summer Camp |  | Congregation member of St. Mark's Church |  | Other: |

**Summer Camp 2022 Financial Terms and Conditions**

*(To be signed and returned with application)*

(One agreement form per family)

Tuition and extended care will be billed through brightwheel. Parents can pay their invoices via bank transfer by connecting their bank account to their brightwheel account in addition to check or cash.

**Brightwheel billing set up instructions:**

**To set up your billing account you'll need to sign into your account and click “Set Up Billing”**

* Click the Add Payment Method button under the Payment settings tab on the brightwheel website.
* Then enter your banking information and verify your account if needed.
* Begin paying invoices. Enroll in Autopay to pay future invoices automatically by the due date and avoid late payments. Please note micro-deposit verification can take up to 48 hours.

We are so excited to have your child(ren) at LFCS for the 2022 Summer Camp. Our goal is to provide a structured fun summer camp program! Please review the financial guidelines:

1. **All payments are due by the last day of the registration’s date: Early Registration due by April 30, Regular Registration due by June 10th, and Late registration due upon registration**. No attendance will be allowed if the payment is not made on time. Non-attendance due to circumstances not caused by camp is not ground for any discounts or refunds of payments made for that session.
2. **Administration fee is non-refundable.** Payment of the Administration fee reserves your child(ren)’s spot(s) at LFCS for the corresponding summer camp. The spot will not be **guaranteed** until administration fee and tuition is paid in full by the specified due dates.
3. LFCS will charge non-recurring fees and charges for the summer camp (lunch, drop in after care, and other miscellaneous charges) through brightwheel*.* Parents will be notified of their other options whenever applicable. Accepted forms of payment include: checks (payable to Little Flock Christian School) and direct bank transfers processed via brightwheel.
4. **There will be 50% of the tuition cancellation fee for any cancellations made after May 31**. Parents can make any changes or cancellation before May 31st without tuition penalties.
5. In the event of cancelling a session or more after signing up for the full camp, the regular (**not** the discounted full summer) rate will apply to **all** sessions of attendance and the 50% tuition cancellation fee will apply for the session(s) cancelled.
6. Requests for any additional sessions of enrollment **must** be submitted to the administration before that session’s starts. **Walk-ins are not accepted throughout the camp period.**
7. Any additional session(s) that are added after April 30th, will be charged the regular or the late fee. (Ex: Original registration was done on April and if session 3 was added in July, the session 3 will be charged as late fee).
8. By enrolling your child(ren) at LFCS, you are reserving a spot and you become financially committed to paying the full tuition dues in a timely manner on the date agreed between the parent(s) and LFCS.
9. LFCS is committed to informing parents of all applicable fees as soon as possible and providing adequate notice prior to debiting the parents’ bank account. Invoices will be sent via email to the parent's email address on file or invoices can be accessed anytime through the Brightwheel program.
10. All payment deadlines should be respected.
11. If LFCS does not receive tuition dues before the first date of summer camp, LFCS has the right to prohibit the student(s) from attending the summer camp until the balance is cleared and/or take necessary steps to preserve LFCS’s financial rights.
12. Applicable extra charges are as follows and will be enforced:

* $30 for each returned transaction (whether ACH or check)
* $50 for each past due or late payment made through brightwheel
* $50 for any changes to the payment plan as established on your tuition agreement form
* $1/minute for late pick-up of your child(ren) starting 5 minutes after the regular dismissal time and immediately following after care dismissal time. brightwheel will be checked on a monthly basis and parents will be billed accordingly. An invoice will be emailed to the parent(s) at the beginning of each month for all of the month’s charges. Payment will be due 7 days later through brightwheel. Students with unpaid balances will be prevented from using the extended day service until the payment is received.
* $40 for replacing mats and cots.

1. LFCS may be closed due to national disaster, inclement weather, COVID, or other emergencies. Tuition dues will continue as scheduled during these closures.
2. Extended care walk in service rates are as follows:

* Walk-in Before care: $15 per day per student.
* Walk-in After care: $25 per day for full day students. $40 per day for half day students.

***These rates apply only to walk-in services.*** *Need for any of these services must be requested at least 2 days prior to the actual date unless it is an emergency. Failure to do so cannot guarantee there will be availability as staffing may be short on the chosen day(s).*

1. Discounts and special rates

**\*If a student is eligible for more than one discount on tuition, only the higher one applies.**

* Families with siblings receive 5% off the lower tuition fee (excluding extended care)
* There is a 10% discount for congregation members of Coptic Orthodox Church. All congregation members need to turn in the Congregation Member Tuition Discount form.
* For extended care, 1st sibling will receive 15% off and 2nd and more siblings will receive 25% off.
* There is 5% discount for military families (Active and Veterans) and first responders with valid ID.

I, parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and accept the Camp’s financial terms and conditions. ***(Please retain a copy for your records)***

**This authorization is to remain in full force. By enrolling my child at LFCS, I understand that I am reserving a spot and I am obligated to pay all tuition fees. Withdrawal fees apply**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name *(please print)* Parent’s signature Date

Non-Discrimination Policy

Little Flock Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Trinity Christian School of Fairfax does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, summer camp, and any school-administered programs.

**Waiver and Releases of Liability**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **MEDICAL EMERGENCIES**

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in activities conducted by Little Flock Christian School (LFCS) and to the participation of the child in all events related to said activities.  
  
In the event of an emergency, as determined by LFCS, the undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of LFCS to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.  
  
The undersigned(s) hereby further authorize(s) emergency transportation by either LFCS personnel or if necessary by ambulance or other emergency vehicle.  
  
If there is no medical emergency, LFCS staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.  
  
Notwithstanding other provisions in this consent form, LFCS shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

1. **ACCIDENTS AND INJURY**  
     
   LFCS is well child-proofed and children are consistently well supervised. LFCS employees are well trained and will exercise due care in their supervision of children. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in LFCS and agree(s) to release, indemnify, defend and forever discharge LFCS and its staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in LFCS.
2. **COMMUNICATION WITH OUTSIDE PARTIES**

From time to time LFCS may be called upon to communicate with outside institutions in reference to a child’s attendance, behavior, aptitude, or fitness for matriculation to an outside educational institution, not associated with LFCS (hereinafter collectively referred to as “requested information” or “requests for information”). It is the policy of LFCS to provide requested information only when a parent or guardian has initiated the request for information by an outside educational institution.

The undersigned(s) assume all risk of an adverse decision by any institution not associated with LFCS potentially arising from an LFCS response, whether written or oral, to a request for information initiated by a parent or guardian. The undersigned(s) agree to hold harmless, and forever discharge LFCS its staff, employees, volunteers, and agents from any liability, claims, demands, damages, costs, expenses, actions, and causes of action with respect to a response to a request for information from an outside educational institution.

1. **COVID-19 HEALTH AND SAFETY**

I am aware of the risks for my child or myself of contracting or spreading COVID-19 while they attend at Little Flock Christian School which includes attending an event; and/or receiving face-to-face services from Little Flock Christian School during the time of a pandemic outbreak. I am aware that face-to-face summer camp and other in-person experiences may increase the risk of contracting and passing on COVID-19 or coronavirus while attending classes, eating lunch, using the playground, receiving services, attending before school or afterschool programs and activities. I agree to and will follow guidelines for personal hygiene, personal safety, and public safety as recommended by the CDC, and state and local health organizations. I agree to stay home or keep my child home from summer camp should I/they personally exhibit or have been in contact with someone who has presented with illness within the previous 24 hours to two weeks, including exhibiting the following symptoms: prolonged coughing, fever, chest congestion, shortness of breath or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my health care provider concerning any illness or symptoms reported. I understand that if I knowingly am in violation of sending my child to school when he or she is ill that my actions will be viewed as a serious breach of the health and safety guidelines established during the COVID-19 pandemic. Such actions may result in an extended absence from summer camp for my child(ren) or dismissal.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS WAIVER AND RELEASE.

IN CONSIDERATION FOR MY CHILD’S ENROLLMENT IN LFCS SUMMER CAMP I DO HEREBY GRANT THIS WAIVER AND RELEASE.

**PRINT GUARDIAN(S) NAMES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_