



**creative Arts Kids**™

# Summer Camps 2012

## Registration Guide

**FULL DAY**

**HALF DAY**

**SINGLE DAY**

**HOURLY**

**Creative Arts Kids**

1912 East Firetower Road

Greenville, NC 27858

*(beside Michaelangelos Pizza)*

252.756.6899

[www.creativeartskids.com](http://www.creativeartskids.com)

PARENTS \_\_\_\_\_

CAMPER 1 \_\_\_\_\_

NEXT YEAR'S SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CAMPER 2 \_\_\_\_\_

NEXT YEAR'S SCHOOL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CAMPER 3 \_\_\_\_\_

NEXT YEAR'S SCHOOL \_\_\_\_\_

\*CREDIT CARD NUMBER REQUIRED \_\_\_\_\_

\*EXPIRATION DATE \_\_\_\_\_

CAMPER 4 \_\_\_\_\_

NEXT YEAR'S SCHOOL \_\_\_\_\_

Full Day Rates: <b>*\$130-\$185 per week</b> (field trips included)	Registration Fee: <b>\$25 per household</b>
Half Day Rates: <b>*\$90-\$115 per week</b> (field trips not included)	Deposit: <b>\$25 per week</b> (counts toward balance)
Single Day Rates: <b>\$45 per day</b> (field trips not included)	Sibling Discount: <b>\$10 per week</b> (full-time campers only)
<b>\$35 per day</b> (if registered before April 15)	Drop-in Playcare: <b>\$6 per hour, \$3 per hour for siblings</b>

\*Discounted Rates are based on availability.

RATE TABLE (by the week)		
Weeks	Full	Half
*1 Week	\$185	\$115.00
2 Weeks	\$180	\$112.50
3 Weeks	\$175	\$110.00
4 Weeks	\$170	\$107.50
5 Weeks	\$165	\$105.00
6 Weeks	\$160	\$102.50
7 Weeks	\$155	\$100.00
8 Weeks	\$150	\$97.50
9 Weeks	\$145	\$95.00
10 Weeks	\$140	\$92.50
11 Weeks	\$135	\$90.00
12+ Weeks	\$130	\$87.50

**For Half-Day Weeks**  
Mornings last from 8:00-Noon  
Afternoons last from 1:00-5:00

Schedule (by week)	WEEKLY FULL DAY & HALF DAY			DAILY SINGLE DAYS	DIRECTOR NOTES DO NOT USE BELOW
	Full	8-Noon	1-5 PM	Circle Each Day	
May 21-25 000				M T W Th F	
*May 28-Jun 1 00				T W Th F	
~June 4-8 0				M T W Th F	
June 11-15 1				M T W Th F	
June 18-22 2				M T W Th F	
June 25-29 3				M T W Th F	
*July 2-6 4				M T Th F	
July 9-13 5				M T W Th F	
July 16-20 6				M T W Th F	
July 23-27 7				M T W Th F	
July 30-August 3 8				M T W Th F	
August 6-10 9				M T W Th F	
August 13-17 10				M T W Th F	
August 20-24 11				M T W Th F	
August 27-31 120				M T W Th F	
*September 3-7 130				T W Th F	

\* Prorated for Holiday ~ June 8 is last day for Pitt Co. Schools

**Terms & Conditions** This is a contract. Registering obligates you to pay for that week or day, regardless of attendance. You have until April 15 to make schedule changes to this contract. After April 15 the contract will be followed and payment for all registered weeks must be made, regardless of attendance. Your credit card will be charged when your account is in arrears.

Additional weeks may be purchased at your summer rate after April 15 if space is available. You must pay a Registration Fee of \$25 per family. You must pay a deposit of \$25 per week for each week registered by April 15. Payment is due no later than the Monday of the registered week. The Late Fee is \$10. Your credit card will be charged when your account is in arrears with late fees added. Field trips are arranged for Full Day Weekly campers who regularly exhibit self-control, a positive attitude, good judgement, and are fully potty-trained. CAK reserves the right to refuse service for any reason. Money given as deposit will not be refunded. If you are still registered for summer camp after April 15, you will pay for every week for which you are registered, even if your child does not attend. Your credit card will be charged when your account is in arrears. CAK is closed Memorial Day, July 4th, & Labor Day.

X \_\_\_\_\_ X \_\_\_\_\_  
I have read and agree to the above terms - sign here date director signature 40934

**For Office Use Only**

Number of Full Day Weeks		at the rate of	\$	per wk
Number of Half Day Weeks		at the rate of	\$	per wk
Number of Single Days \$35		X 35 =	\$	total
Number of Single Days \$45		X 45 =	\$	total
Deposit (Pd in Full by Apr-15)		X 25 =	\$	now
		Registration Fee	\$	/house
		Amount Due to Register	\$	now

Amount Paid	Check Number	Date
\$		
\$		
\$		
\$		

\_\_\_\_\_



parents \_\_\_\_\_ date \_\_\_\_\_

child 1 \_\_\_\_\_ dob \_\_\_\_\_

child 2 \_\_\_\_\_ dob \_\_\_\_\_

child 3 \_\_\_\_\_ dob \_\_\_\_\_

**\* BASIC INFO**

parent name \_\_\_\_\_ email \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

parent name \_\_\_\_\_ email \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

emergency contact person (other than already listed) \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

**\* INSURANCE INFO**

health care provider (family doctor) \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

insurance company covering child \_\_\_\_\_ policy number \_\_\_\_\_ group number \_\_\_\_\_

**\* 911 EMERGENCY RELEASE**

I hereby give my consent to CAAS to call 911 in the event of an emergency and I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if situation warrants.

X \_\_\_\_\_ X \_\_\_\_\_  
I have read and understand (sign here) date director's signature

**\* WAIVER & RELEASE**

You, Buyer and Student are aware that Student is engaging in physical exercise, and use of CAK's equipment, training and instruction can be dangerous and can cause injury to your child. You give permission for the Student to participate in all activities (swimming, bowling, ice-skating, etc.) unless otherwise specified. You also give permission to Creative Arts Kids staff to transport the Student to activities. The student is voluntarily participating in these activities, and Buyer and Student assume all risk of injury to the student, which may result. Buyer and Student hereby waive and release any claim or right to sue CAK, employees, or agents, for injury to the student, which may result. Buyer and Student have carefully read this waiver and release, and fully understand it is a release of all liability and damage of CAK for any injury.

Creative Arts Kids will make no evaluation or recommendation as to whether or not Students or Guests are sufficiently physically fit for exercise. It is always advisable to consult a physician before undertaking a physical exercise program. CAK does not assume any responsibility for the loss, damage or theft, of any property belonging to the student. Buyer and Student agree that CAK and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the Creative Arts Kids facility.

X \_\_\_\_\_ X \_\_\_\_\_  
I have read and understand (sign here) date director's signature

Allergies/Medications	Allowed to Pick Up	NOT Allowed to Pick Up
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