



Camper Name: _____ Grade Entering 2021-22: _____

Address: _____ State: ___ Zip: _____

Parent Name: _____ Phone: _____ Email: _____

Parent Name: _____ Phone: _____ Email: _____

Camper's T-Shirt Size: _____

Enrollment Status

My camper is currently enrolled at Summit for the 2021-22 school year.

My camper **is not** currently enrolled at Summit for the 2021-22 school year.

I understand and agree to the following:

1. Registration is confirmed once payment has been received.
2. **Refund Policy: All registration/enrollments are final, there are no refunds.**
3. Picking up outside the appropriate time will incur a fee. There is a \$1.00 per minute fee assessed for late pick ups after 5:00pm. After the first late pick up the fee increases to \$5.00 per minute.

Summit School Emergency Policy

The student emergency information in FACTS from the 2020-21 school year will be used for campers currently enrolled at Summit School during the academic year. If your camper is not enrolled as a Summit student for the upcoming school year you will be contacted and asked to fill out additional paperwork in order to participate in Camp Summit.

In the event of a medical emergency at Summit School, I hereby grant authorization to Summit School, and its teachers, coaches, or other representatives to seek a physician or health care facility on behalf of me to direct and/or order emergency medical treatment for the above-mentioned camper. I agree that neither Summit School, nor its teachers, coaches, agents, or other representatives, shall be liable for exercising the foregoing authority in the event of an emergency.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Office Use








F: _____ DB: _____



Registration Form

Camper Name: _____

- Place **✓** in the boxes for the sessions your camper is attending.
- Camp Fee: \$250.00 per session, \$200.00 for Pre-Camp and week 5.
- *Pre-Camp is a four day week for Memorial Day. Week 5 is a four day week for the 4th of July.
- Please note: Middle school campers may be required to join elementary camp weeks pre-camp, and weeks 5 & 6.
- Registration opens April 1, 2021 and current rates end May 1, 2021. **Enrollment after May 1st will include an additional charge of \$25.00 per week, enrolled, per camper.**

Camp Programs	Elementary Camp 8am-5:00pm	Preschool Camp 8am-5:00pm	Kindergarten Bootcamp 8am-5:00pm	Middle School Camp 8am-5:00pm	NO EXTENDED DAY WILL BE OFFERED THIS SUMMER
For campers...	Entering 1st-5th	Ages 3-4	Entering Kindergarten	Entering 6th-8th	
*Pre-Camp: \$200 6/1 - 6/4					CAMP WEEKLY THEMES BELOW
Week 1: \$250 6/7 - 6/11					 OUT OF THIS WORLD
Week 2: \$250 6/14 - 6/18					 ANIMAL LIFE 
Week 3: \$250 6/21 - 6/25					 SUMMIT OLYMPICS
Week 4: \$250 6/28 - 7/2					DISNEY 
*Week 5: \$200 7/6 - 7/9					 TROPICAL PARADISE
Week 6: \$250 7/12 - 7/16					SUPERHEROES 

TOTAL Fees For This Camper

Payment is due at time of registration.

Summit families currently enrolled may pay their camp registration fees through their FACTS account or may include check payment with this registration form. Allow 1 week for invoicing in FACTS.

Families not currently enrolled at Summit must submit check payment with this registration form.

Please make checks payable to: Summit School

Office Use

F: _____ DB: _____



Behavior Policy

At Camp Summit respect, kindness, and empathy are the foundation for how we treat each other. Camp Summit will be using Summit's Character and Respect Education (CARE) program during our summer sessions.

The CARE system follows these steps in the case that a camper should have to be reminded of the rules:

1. Verbal reminder.
2. Written "friendly reminder"
3. Refocus form (parents may be called)
4. Call home to parents, parents must pick up from camp.



In the case that a camper receives chronic verbal or friendly reminders a refocus form may be issued without steps 1 or 2.

Three Strikes

- A "three strikes" policy will be in effect for all campers at Camp Summit. A camper who receives three strikes/refocus forms in one week may be suspended from camp for one day or more.
- A strike or immediate camp suspension may be issued to a camper for the following behaviors: fighting/physical aggression, abusive language, bullying, vandalism, or other behaviors that jeopardize the safety or positive camp experience of others.
- There are no refunds for days of camp missed due to a suspension.

I understand and agree to the Camp Summit behavior policy,

Camper Signature

Parent Signature

Date

Office Use

F: _____ DB: _____

HEALTH RISK ACKNOWLEDGEMENT WAIVER & RELEASE

Given the severity of the COVID-19 pandemic, and in anticipation of my child's return to the care of Summit School, a child care provider ("**Facility**"), I hereby make the following waiver, release and other representations and covenants set forth herein, on behalf of my child, and in favor of this Facility.

Acceptance of Risk; Release; Indemnification.

The safety and security of the children in its care remains a top priority of Facility. I understand that there is a risk associated with my child's return to care at Facility, including but not limited to, increased social contact and interaction with Facility employees and other children. To help reduce the spread of COVID-19 and to protect Facility employees and other children, Facility encourages all children and parents to adhere to all safety and health guidelines for the prevention of COVID-19, including those issued by the Arizona Department of Health Services and the Centers for Disease Control and Prevention. All persons should engage in frequent hand washing using soap and water for at least twenty seconds (or, if soap is not available, use an alcohol-based hand sanitizer), sanitize surfaces and objects frequently used. Staff will wear personal protective equipment such as face masks and gloves, and follow any and all other preventive measures recommended by applicable authorities.

Notwithstanding the foregoing, I understand that the above guidelines do not completely eliminate my child's risk of exposure to COVID-19 and, should my child experience any COVID-19 related symptoms (such as fever, cough, body aches, or shortness of breath), I am advised to keep my child home, not to bring my child to the Facility, and follow the advice of my healthcare provider, clinic, or hospital. In such cases, I will immediately alert the Facility of such symptoms.

Regardless of any steps taken by Facility to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my child's care at Facility during the COVID-19 pandemic, including without limitation, being exposed to and contracting COVID-19 from other individuals, surfaces and/or airborne particles. I understand that my child's contracting of COVID-19 could result in serious medical symptoms requiring medical treatment in a hospital or even death. On behalf of myself and my child, and our heirs, successors, and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my child's care at Facility arising from or relating to COVID-19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge Facility, along with Facility's shareholders, officers, directors, members, managers, officials, partners, trustees, agents, contractors, employees, affiliates, or other representatives, and their successors and assigns (collectively, the "Facility Representatives"), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen,

(collectively, "Damages") arising from or relating to COVID-19 as a result of my child's care at Facility, and including but not limited to claims based on the alleged negligence of any Facility Representative or any other person. I further promise not to sue Facility or any Facility Representative for any illness,

injury, death or other Damages arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my child's care at Facility.

If any provision of this Waiver and Release of Liability is declared invalid, the remaining provisions remain enforceable. I may seek advice from legal counsel before signing this Waiver and Release of Liability. By signing this Waiver and Release of Liability, I acknowledge that either I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

Date: _____

Signature of Parent/Guardian

Print Name of Parent/Guardian