



## CAMP REGISTRATION COMPLETION CHECKLIST

**PLEASE NOTE THAT ALL CAMPERS WILL BE 5 DAYS.  
THERE IS NO 3 DAY OPTION.**

**Camp registration is on a first come first served basis.  
Once groups are full, no more applications can be accepted.**

Please make sure all applicable forms are completed before submitting your application.

- Completed Application & Schedule Options
- Non-refundable deposit equal to one week of camp tuition and a \$50 registration fee. **Cash or check payable to "RNSK"**
- Signed and initialed RNSK Tuition & Refund Policy
- Completed & Signed Emergency Form
- Completed & Signed Sunscreen Form
- Completed Medical Forms obtained from your doctor (including well visit, updated immunizations, and TB test / waiver form)

**\*\*ENROLLMENT DEADLINE: WEDNESDAY, APRIL 7, 2021\*\***



**2021 ENROLLMENT APPLICATION**

**CAMPER'S LAST NAME:** \_\_\_\_\_

**CAMPER'S FIRST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, & ZIP CODE:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**MOTHER'S EMAIL ADDRESS:** \_\_\_\_\_

**MOTHER'S CELL PHONE:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**FATHER'S EMAIL ADDRESS:** \_\_\_\_\_

**FATHER'S CELL PHONE:** \_\_\_\_\_

**\*\*ALL MEDICAL FORMS (WELL VISIT & IMMUNIZATIONS)  
MUST BE HANDED IN WITH APPLICATION\*\***

**\*\*ENROLLMENT DEADLINE: WEDNESDAY, APRIL 7, 2021\*\***



## 2021 CAMP RIDGEWAY FEES AND SCHEDULE OPTIONS

CHILD'S NAME: \_\_\_\_\_

GRADE IN SEPT 2021 (CIRCLE ONE):                      3's                      4's                      K

<b>Registration Fee - \$50</b>	
<b>Early Drop Off (8AM)</b>	<b>\$12 / day</b>
<b>Early Drop Off (8:30AM)</b>	<b>\$10 / day</b>
<b>5 Half Days (9AM – 12PM)</b>	<b>\$280 / week</b>
<b>5 Full Days (9AM – 3PM)</b>	<b>\$390 / week</b>
<b>5 Extended Days (9AM – 5PM)</b>	<b>\$490 / week</b>
<b>Students enrolled 5 days per week, FOR THE FULL SIX WEEKS  will receive a 10% discount on <span style="background-color: yellow;">base camp tuition only.</span></b>	

PLEASE CHECK THE SCHEDULE CHOICES FOR **EACH** WEEK YOU ARE REGISTERING:

**Week 1: July 6<sup>th</sup> – July 9<sup>th</sup>**

		EDO (circle one) 8AM / 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 5PM
	<b>4 days - Tues – Fri</b>				

**Week 2: July 12<sup>th</sup> – July 16<sup>th</sup>**

		EDO (circle one) 8AM / 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 5PM
	<b>5 days - Mon – Fri</b>				

**Week 3: July 19<sup>th</sup> – July 23<sup>rd</sup>**

		EDO (circle one) 8AM / 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 5PM
	<b>5 days - Mon – Fri</b>				

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## 2021 CAMP RIDGEWAY FEES AND SCHEDULE OPTIONS

### Week 4: July 26<sup>th</sup> – July 30<sup>th</sup>

	EDO (circle one) 8AM / 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 5PM
<b>5 days - Mon - Fri</b>				

### Week 5: August 2<sup>nd</sup> – August 6<sup>th</sup>

	EDO (circle one) 8AM / 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 5PM
<b>5 days - Mon - Fri</b>				

### Week 6: August 9<sup>th</sup> – August 13<sup>th</sup>

	EDO (circle one) 8AM / 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 5PM
<b>5 days - Mon - Fri</b>				

**\*\*ENROLLMENT DEADLINE: WEDNESDAY, APRIL 7, 2021\*\***



**CAMP RIDGEWAY TUITION & POLICY AGREEMENT BETWEEN  
PARENTS AND RIDGEWAY NURSERY SCHOOL & KINDERGARTEN**

1. I give permission for Ridgeway Nursery School & Kindergarten to seek emergency treatment for my child.
2. I assume all responsibility for my child en-route to and from camp.
3. I understand that I must remit a **non-refundable deposit equal to one week's camp tuition + a \$50 registration fee** along with the camp application in order for my child to be registered at camp. **NO** spaces will be held without full payment of the deposit.
4. I understand that **ALL** camp fees are to be paid **IN FULL** by **June 4, 2021**. Non-payment of these camp fees will result in forfeiture of your child's space at camp.
5. Refunds will be made only if your child's space can be filled by another camper. The registration fee is non-refundable.
6. Adjustments in payment cannot be made due to illness or holidays. **NO REFUNDS OR DISCOUNTS ARE ALLOWED DUE TO REASON OF TEMPORARY ABSENCE.**

**I UNDERSTAND THE POLICIES AS SET FORTH IN THIS AGREEMENT:**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CAMP RIDGEWAY**  
**EMERGENCY FORM**  
**SUMMER 2021**

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

AGE (circle one):                    **3**                    **4**                    **K**

Mother's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mom Cell Phone #: \_\_\_\_\_ Mom Business Phone #: \_\_\_\_\_

Dad Cell Phone #: \_\_\_\_\_ Dad Business Phone #: \_\_\_\_\_

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**EMERGENCY CONTACTS: (other than parents):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

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In case of accident or illness, I request that the nursery school contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow physician's instructions. If it is impossible to contact the physician, the school representative is authorized to make whatever arrangements are necessary including calling 9-1-1. I agree to assume financial responsibility for any diagnosis, treatment and / or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. By way of my signature, I hereby consent to and authorize the necessary procedures that have been stated above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Authorization for Pick-Up**

The following people are allowed to pick up my child. Written permission must be sent to school if other pick up arrangements are required. Please include names, relationship and phone numbers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Photo Consent Form**

During the school year, we will be taking photographs of the children as they work and play. Pictures will be used for teacher newsletters, class projects, bulletin boards, etc. Photos may also be displayed on our website and Facebook page. Children's names will not be used on social media. In addition, the PTO will be distributing a class list that includes children's name and parent's email addresses.

Please indicate your preferences below:

- \_\_\_\_\_ Yes, my child can be photographed for school use.
- \_\_\_\_\_ Yes, my child may be photographed for website / Facebook.
- \_\_\_\_\_ No, my child cannot be photographed for school use.
- \_\_\_\_\_ No, my child may not be photographed for website / Facebook.



**CAMP RIDGEWAY  
2021  
SUNSCREEN APPLICATION AUTHORIZATION**

**SUNSCREEN POLICY:**

- Parents are responsible for applying sunscreen to their child prior to arrival at camp.
- For children staying for a **full day only**, parents must provide sunscreen for their children while at camp for staff to reapply later in the day.
- The parent must label the sunscreen bottle with the child's name (using permanent marker), complete this Sunscreen Application Authorization Form, and send to camp on the first day.
- All sunscreen bottles will remain in our staff's care and stored on-site (no sprays please).
- Additionally, parents may also encourage their child to wear a hat when playing outdoors.
- As the parent or guardian of the above child, I give permission for the staff at Camp Ridgeway to apply a sunscreen product on my child, when he or she will be engaging in afternoon outdoor activities.
- I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

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- Staff may use the sunscreen that I am providing with this form:

Child's Name \_\_\_\_\_

Room # \_\_\_\_\_

Sunscreen Brand \_\_\_\_\_ SPF \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_