



## 2018 SUMMER VACATION CARE

Day Care is open from 8:00 am to 6:00 pm for children ages 4-12. We offer supervised games, craft projects, and outdoor activities. All children participate in a daily swim. Snacks and beverages are provided. Children should bring their own lunch, swim gear, and sunscreen. Transportation is not provided.

To register, submit this form with payment and a copy of a Physician's Report of Medical Exam (available at [www.miquon.org/physical-exam](http://www.miquon.org/physical-exam)) for each child to: The Miquon School, 2025 Harts Lane, Conshohocken, PA 19428.

Unplanned daily drop-ins are welcome, but advance notice is greatly appreciated. Please contact DJ Giordano at [Extendeddayprogram@miquon.org](mailto:Extendeddayprogram@miquon.org) or call 610-828-1231.

### CHILD & PARENT INFORMATION: *Please print clearly!*

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Age as of 6/1/18:** \_\_\_\_\_  
**School Attending:** \_\_\_\_\_ **Grade completed in June 2018:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City, State, ZIP:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
*Please enter the email address that you use most often as we will be sending correspondence to you via email.*

**1<sup>st</sup> Parent/Guardian Name:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Name:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### **Name of person(s) other than parent or guardian responsible for your child's pick up:**

**Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### JUNE SESSIONS

☐ Week 1: June 18-22

### AUGUST SESSIONS

☐ Week 2: August 20-24

☐ Week 3: August 27 - 31

### DAILY SCHEDULE

Check mark days, if known

Wk 1 ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri

Wk 2 ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri

Wk 3 ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri

### FEE SCHEDULE

	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child
Per Week	\$325.00	\$280.00	\$280.00
Per Day	\$73.00	\$63.00	\$63.00

TERMS OF ENROLLMENT AGREEMENT – *Please read and sign below.*

In the text that follows, children attending Vacation Care are referred to as “campers.”

1. A completed application, if accepted, reserves a place for your child in the Vacation Care. No child may attend Vacation Care unless a medical emergency form on file with The Miquon School.

**Cancellation/Refund Policy**

- Cancellations must be made in writing up to 48 hours before registered Vacation Care attendance date(s).
- No reimbursements will be made for any cancelled weeks/days that occur with less than 48 hours notice, including no-shows.
- We regret that we cannot reduce or refund fees for time missed due to tardiness, illness, vacations, early withdrawal or other reasons. Our expenses for program and personnel assume a camper’s enrollment based on the enrollment agreement/application. If a camper misses prescheduled time, a make-up time may be possible, depending upon availability. Otherwise the missed time is nonrefundable with no exceptions.

3. The camper and parents agree to abide by the rules and regulations set by Miquon for the health, safety and welfare of the campers. Younger campers must be fully toilet trained before attending Vacation Care.

4. Miquon reserves the right to deny, cancel, sever, or suspend a camper’s enrollment if it considers this to be in the best interests of the camper or Miquon, in which case registration fees will be refunded.

5. Miquon is not responsible for the camper’s equipment or personal belongings while at Vacation Care if lost or damaged by fire, theft, or otherwise. Miquon will make every effort to provide proper supervision so that losses will be minimal. Clothing and other personal belongings should be marked with each camper’s name.

6. Parents hereby authorize the camper’s participation in all Vacation Care programs and activities.

7. Miquon may, from time to time, take photographs of activities and operations for publicity purposes. Parents hereby authorize the use of any photographs of or including the camper for publicity.

I/We have read all the terms and conditions and will provide Miquon with all medical and personal information that the staff should be made aware of prior to my child’s first day of Vacation Care. In the event I/we cannot be contacted in an emergency, I/we grant Miquon permission to give my child immediate medical treatment and/or take my child to a hospital emergency room. I/we agree that Miquon is not responsible for accidents, injuries, and/or medical or dental expenses arising from my child’s participation and covenant not to sue and waive, release, and discharge Miquon and anyone working on their behalf from any and all claims of liability or any expenses.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only			
Rec’d ____/____/2018		Check #:	Amt: \$

## GENERAL SCHEDULE FOR VACATION CARE

8:00 am	Check-in and Free Choice Time
9:30 am	Group Activities (Art, Nature Hike, Sports Games)
10:15 am	Morning Snack
10:45 am	Group Activities (Art, Nature Hike, Sports Games)
12:00 pm	Lunch and Rest Time
1:30 pm	Swim
3:00 pm	Free Choice Time
3:30 pm	Afternoon Snack
5:00 pm	Free Choice Time
6:00 pm	Close