



2020 SUMMER VACATION CARE
2025 Harts Lane, Conshohocken, PA 19428

OVERVIEW

Summer Vacation 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. Drop-ins may be accommodated if space allows.

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

If you have any questions or concerns, please contact DJ Giordano at Extendeddayprogram@miquon.org or call 610-828-3675 between the hours of 3:00 - 6:00 pm.

GENERAL SCHEDULE FOR VACATION CARE

8:00	am	Check-in and Free Choice Time
9:30	am	Discovery Time
10:15	am	Morning Snack
10:45	am	Art or Cooking Activity
11:30	am	Group Games
12:00	pm	Lunch
1:00	pm	Swim
2:30	pm	Free Choice Time until Check-out
3:30	pm	Afternoon Snack
5:00	pm	Friday Finale (Friday only)

FEE SCHEDULE	1 st Child	Each add'l sibling
Per Day (8:00am-6:00pm)	\$80.00	\$68.00
Half-Day (8:00a-1:00p or 1:00-6:00p)	\$45.00	\$38.00
By the Week, Full Day (8:00am-6:00pm)	\$350.00	\$298.00
By the Week, Half Day (8:00a-1:00p or 1:00-6:00p)	\$200.00	\$170.00

CHILD & PARENT INFORMATION: *Please print clearly!*

Child's Name: _____

Names of siblings also attending vacation care: (if applicable): _____

Birthdate: _____ Age as of 6/1/20: _____

School Attending: _____ Grade completed by June 2020: _____

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.

1st Parent/Guardian Name: _____

Business Phone: _____ Cell Phone: _____

2nd 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: _____

SESSION	DAILY SCHEDULE:					
June 2020	Select full day (8:00am-6:00pm) or half-day (8:00a-1:00p or 1:00-6:00p)					
<input type="checkbox"/> Week 1: June 15-19	<input type="checkbox"/> Mon-am <input type="checkbox"/> Mon-pm <input type="checkbox"/> Mon-full day	<input type="checkbox"/> Tue-am <input type="checkbox"/> Tue-pm <input type="checkbox"/> Tue-full day	<input type="checkbox"/> Wed-am <input type="checkbox"/> Wed-pm <input type="checkbox"/> Wed-full day	<input type="checkbox"/> Thu-am <input type="checkbox"/> Thu-pm <input type="checkbox"/> Thu-full day	<input type="checkbox"/> Fri-am <input type="checkbox"/> Fri-pm <input type="checkbox"/> Fri-full day	
August 2020						
<input type="checkbox"/> Week 2: August 17-21	<input type="checkbox"/> Mon-am <input type="checkbox"/> Mon-pm <input type="checkbox"/> Mon-full day	<input type="checkbox"/> Tue-am <input type="checkbox"/> Tue-pm <input type="checkbox"/> Tue-full day	<input type="checkbox"/> Wed-am <input type="checkbox"/> Wed-pm <input type="checkbox"/> Wed-full day	<input type="checkbox"/> Thu-am <input type="checkbox"/> Thu-pm <input type="checkbox"/> Thu-full day	<input type="checkbox"/> Fri-am <input type="checkbox"/> Fri-pm <input type="checkbox"/> Fri-full day	
<input type="checkbox"/> Week 3: August 24-28	<input type="checkbox"/> Mon-am <input type="checkbox"/> Mon-pm <input type="checkbox"/> Mon-full day	<input type="checkbox"/> Tue-am <input type="checkbox"/> Tue-pm <input type="checkbox"/> Tue-full day	<input type="checkbox"/> Wed-am <input type="checkbox"/> Wed-pm <input type="checkbox"/> Wed-full day	<input type="checkbox"/> Thu-am <input type="checkbox"/> Thu-pm <input type="checkbox"/> Thu-full day	<input type="checkbox"/> Fri-am <input type="checkbox"/> Fri-pm <input type="checkbox"/> Fri-full day	

Office Use Only		
Rec'd ____/____/2020	Check #:	Amt:

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 Physician’s Report of Medical Exam with The Miquon School.
2. **Cancellation/Refund Policy**
 - Cancellations must be made in writing up to one week before registered Vacation Care attendance date(s).
 - No reimbursements will be made for any canceled weeks/days that occur with less than one week 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 interest 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. 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.

(Optional) *I request that The Miquon School not publish any recognizable image of my child’s face without my permission.*

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 to 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 _____