



Camp Endeavor Registration Form

April 12 - 16, 2010 / 9am – 1pm

Student's Name: _____ Grade Level: _____

Phone: _____ Mobile: _____

Parent: _____ Email: _____

ECS Student? Y N HR Teacher or School: _____

We are eligible for the multiple-child per family registration discount for camp. All forms will be submitted together.

- Please return all forms and payment in full as soon as possible in order to secure a spot in the camp program of your choice, but **no later than Friday, March 26, 2010.**
- Families that enroll multiple children may deduct \$10 from each registration fee submitted.
- Registration and Information Form, and a check payable to “Endeavor Charter School,” may be deposited in the black Enrichment mailbox located across the hall from Mr. McAdams’ office.

Camp Title	Grades	Instructor	Cost	Amount
“In Touch” with Science	K - 2	Helgevold	\$135	_____
In “The Zone”	2 - 5	Beresnyak	\$125	_____
Outside the Box	3 - 6	Stevick	\$130	_____
Make It Your Own	4 – 8	Critcher	\$145	_____
Drama Girls	6 – 8	Northrup	\$125	_____
			Sub-Total:	_____

Multiple-Child Discount Total: _____

SPRING CAMP TOTAL: _____

Registration Information

Student's Complete Name _____

Home Address _____ City _____ Zip _____

Male Female Birth Date _____ Grade Level _____

Allergies (type) _____

Medication (type and schedule) _____

Special Circumstances (please explain): _____

Parent's Name _____ Home # _____ Mobile # _____

Parent's Name _____ Home # _____ Mobile # _____

Email Address _____

Emergency Contact _____ Home # _____ Mobile # _____

Child's Doctor _____ Doctor's Phone # _____

Child's Dentist _____ Dentist's Phone # _____

Insurance Carrier _____ Policy # _____

Who will be picking up your student? _____ Mobile # _____

Waivers/Permissions

1. I permit my child to participate in activities the Endeavor Charter School Enrichment Program ("ECS Enrichment") conducts, including those activities taking place outside the fenced-in play areas at the Endeavor facility.
2. **Transportation** – I understand and agree that I am responsible for providing transportation to ECS Enrichment. Clear written notification of a change in plans for pick-up other than the name(s) listed above is required daily, and ID should be provided prior to the student's release.

Program Policies

3. **Student Behavior** – ECS Enrichment will follow the existing Endeavor Charter School policies outlined in the [Student and Family Handbook](#) available on www.endeavorcharterschool.com. (You must be logged in to view this document.)
4. **Inclement Weather** – I understand that Enrichment is not available when school is closed due to inclement weather.
5. **Waiver and Indemnity** – I understand that ECS Enrichment activities have inherent risks and I hereby assume all risks and hazards incidental to my participation/my child's participation in all activities. I further waive, release, absolve, indemnify and agree to hold harmless Endeavor Charter School, ECS Enrichment, and any employees, organizers, volunteers, supervisors, officers, directors, participants, coaches and referees from any legal claims, liabilities, damages and costs for any injury sustained by myself or my child during my child's use of Endeavor's facilities and/or my participation/ my child's participation in any ECS Enrichment activities. Should my child bring any legal claims against Endeavor Charter School, ECS Enrichment, or any of the above-listed individuals for any injury sustained at Endeavor's facilities and/or during my child's participation in any ECS Enrichment activities, I hereby agree to indemnify the named defendants to such lawsuit for the amount of any judgment entered against them, as well as any and all attorney's fees and other costs incurred in defense of the actual or threatened lawsuit.
6. I understand that ECS Enrichment is not responsible for any personal items lost or stolen during its programs.

Payment Policies

7. I understand that payment for ECS Enrichment is due upon registration, and that payment may be made with cash or personal check.
8. **Insufficient Funds** – If my bank returns a check due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check or draft. I agree to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from ECS Enrichment personnel that my check has been returned. I understand that in the event my check is returned, ECS Enrichment will no longer accept payment by personal check for my child.
9. **Refunds** – I understand that ECS Enrichment makes staffing decisions for the program based on the total number of participant commitments it receives. For this reason, I understand that once the quarter begins, non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when ECS Enrichment is cancelled due to inclement weather. I understand that no refunds or adjustments will be made if a student is expelled or suspended from the program pursuant to the existing student behavior policies of Endeavor Charter School outlined in the [Student and Family Handbook](#).
10. **Pick-up - Students must be picked up on time.** Parents who arrive late to pick up their child will be charged a late fee of \$5 for the first 10 minutes, and an additional \$1 for every minute thereafter. Cash or checks made payable to Endeavor Charter School are acceptable forms of payment, to be collected upon arrival.

Medical Treatment Policies

11. **Accident Insurance** – Participants are responsible for their own accident insurance when using the Endeavor facility as part of ECS Enrichment.
12. **Medication** – ECS Enrichment does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. Notice: The staff of ECS Enrichment will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is EpiPen® injections. When special circumstances exist, personnel from ECS Enrichment will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure my child's medication requirements are met.
13. **Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of ECS Enrichment, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, ECS Enrichment will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, ECS Enrichment will provide the name and telephone number of the child's attending physician to the staff member. In order to ensure the safety of all ECS Enrichment participants, I specifically authorize ECS Enrichment to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
14. **Emergency** – I understand that in the event of an emergency involving my child, if I cannot be contacted and no other parent or guardian for my child can be contacted, ECS Enrichment will contact emergency medical personnel and, pending their arrival, take those actions that are in ECS Enrichment's judgment to be in the best interests of my child.

I have read, understand, and accept all the policies above.

Parent/Guardian Signature _____ Date _____