

PRIMARY PLUS ELEMENTARY SCHOOL

3500 AMBER DRIVE,

SAN JOSE, 95117

408-248-2464

WWW.ACTIONDAYPRIMARYPLUS.COM



SUMMER CAMP REGISTRATION FORM (PLEASE PRINT LEGIBLY)

Date: _____

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Child's grade level just completed: _____ Room No. (if applicable): _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent Name Printed: _____ Signature: _____

Cancellations or schedule changes may be made in writing with a minimum two week notice to receive a refund, less summer fee.

Otherwise, payments made will not be refunded.

Summer 2018 Primary Plus Day Camp	Part Time <6 hours	Full Time >6 hours	Days of Week (Ex. M/W/F)	Day Camp Fees per Week	Day Camp Fees per Month
JUNE 18 – 22					
JUNE 25 – 29					
JULY 2 – 6					
JULY 9 – 13					
JULY 16 – 20					
JULY 23 – 27					
JULY 30 – AUGUST 3					
AUGUST 6 – 10					
AUGUST 13 – 17					

CAMP AND CHILD CARE PAYMENT AND CANCELLATION POLICY

- I understand that the Summer Fee is non-refundable.
- Cancellations may be made in writing with a minimum two week notice to receive a refund, less summer fee. Otherwise, payments made will not be refunded.
- Pickups after 6 PM are assessed \$10 for the first 15 minutes, and \$1 per minute after.
- By signing up for Camp Tiki, I understand and accept the above policies, and I am responsible for payment:

_____ (Parent/Guardian's Signature)

Day Camp fees are payable to ADPP. Activity Camp fees are payable to Primary Plus, by check or cash. All payments for Day Camp and Activity Camps must accompany this form to be considered.

Summer Fee: \$60 per child	\$ 60.00
Day Camp Fees TOTAL (Pg.1) Payable to ADPP	\$
(Pg.2) Activity Fees TOTAL Paid to ADPP	\$
(Pg. 2) Activity Fees TOTAL Paid to Primary Plus	\$
BALANCE DUE	\$

Sunscreen Application: YES (I've supplied sunscreen, please re-apply as needed) NO (I will apply sunscreen)

Photo Release: I agree to allow the use of photographs for Camp Tiki promotional purposes _____ (parents initials)

OFFICE USE: CCM _____ CAMPAIGN _____ LIST _____ ROOM # _____ CK # _____ CC# _____

PRIMARY PLUS DAY CAMP ACTIVITY FEES

Name: _____

Please make checks payable as follows:

Grade level just completed _____ Room # _____

Crazy Creations, Shape it Make it Take it, House of Mouse, Cartooning, Superhero Camp, Star Wars, Painting with a Twist, Cooking Around the World, Stem Challenges, Rainbwalicious, Keybording Skills, Lego City Builders, Shopkins, Bling it on, No Bake Baking Camp, Strictly Ears –separate check to “Primary Plus School”

Swimming, Music, All Sports Camps – separate check to “Action Day/Primary Plus”

Please check your calendars carefully. Camps have limited space and availability and will be filled on a first enrolled basis. Early enrollment is encouraged. Summer camp fees are NON-REFUNDABLE.

Specialty Camp Class/Workshop/Activity	Date/Session	Time	Fee Payable to ADPP	Fee Payable to Primary Plus School	Office Use	Waitlist
Make check payable to Primary Plus School except for Camps as noted above. Payment must accompany this form.						
Activity Fee Totals			\$	\$		

EMERGENCY INFORMATION

PARENT/GUARDIAN _____ PREFERRED PHONE # _____

PARENT/GUARDIAN _____ PREFERRED PHONE # _____

IF WE NEED TO CONTACT YOU, WHOM SHOULD WE CONTACT FIRST? _____

EMERGENCY CONTACT _____ PHONE# _____ RELATION TO CHILD _____

EMERGENCY CONTACT _____ PHONE# _____ RELATION TO CHILD _____

AUTHORIZED TO PICK UP _____ AUTHORIZED TO PICK UP _____

AUTHORIZED TO PICK UP _____ AUTHORIZED TO PICK UP _____

DOES YOUR CHILD TAKE ANY SPECIAL MEDICATIONS/INSTRUCTIONS? _____

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD? _____