

ENROLLMENT AGREEMENT

Trinity Trailblazers School Age Summer Camp Program

Start date: *June 15, 2020*

Grade Completed at end of 19-20 School Year: _____

Are you a current school year Trinity family? (Yes or No)

1. I understand that I am enrolling my child _____ in the Trinity Trailblazers Summer Camp.
2. I understand there is a \$40 activity fee (\$60family) due upon enrollment; this fee is non-refundable.
3. I understand that even though my child does not attend, regardless of any reason, I will be responsible for payment. This includes early withdrawal from the Summer Camp program and illnesses.
4. I understand I am responsible for a monthly payment due the 1st of every month. If I fall more than two weeks behind in payment, Trinity reserves the right to terminate care for my child.
5. An authorized adult, parent or adult authorized and specified on the pick-up list, will accompany my child into the classroom and sign him/her in and out each day. Persons other than parents picking up will be asked to present a photo id.
6. I will notify the center when my child will not be attending on any given day and the reason if due to illness.
7. If a medical emergency arises, the Center staff will first attempt to contact me. If I cannot be reached, the staff will contact individuals I have named as emergency contacts. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
- 8. I understand that Trinity does not provide any type of health or accident insurance for injuries incurred by my child while at Trinity Trailblazers.**
9. I understand policies and prices are subject to change.
10. I understand that no toys/electronics can be brought from home to Trinity Trailblazers. This includes cell phones, iPads, iPods, electronic games, stuffed animals, dolls, action figures, Pokemon cards, etc.
11. In addition to the above items, I understand it is my responsibility to read and abide by all policies and procedures stated in the Parent Handbook.
12. I acknowledge I have received and read the Trinity Trailblazer handbook.

Signature of Parent/Guardian: _____

Date: _____

We communicate OFTEN through email. Please provide the best email address to reach you:

Parent Authorizations

I, _____, give permission for my child, _____
Parent name Child name

Authorization to leave Trinity Trailblazer Premises

I give permission for my child to participate in all field trips and activities that are not on the Trinity Trailblazer campus. Children may travel via walking, Trinity Van, Shuttle or school bus. Yes No

Permission to Treat

I understand every effort will be made to contact me in the case of an emergency. If needed, Trinity staff will obtain immediate medical attention for my child. Efforts will be made to obtain treatment from the providers listed on my child's emergency card. Yes No

Photograph Release Permission

I give permission for any picture or video taken of my child to be used in any type of educational publication, in newspapers, on bulletin boards, or part of the classroom to be videotaped for Trinity training or marketing purposes. Yes No

Parent/Guardian Signature _____ Date _____

Form is in effect for the entire contracted Trailblazer Summer Camp program