

# SOLAAR “Around the World” Summer Camp Registration Form

## Camp Details

- **Theme:** Around the World 🌍
- **Days:** Monday – Friday
- **Time:** 10:00 AM – 2:00 PM
- **Cost:** \$40 per day

## Optional Add-Ons

- **Before Care (9:00–10:00 AM):** \$20/day
  - **After Care (2:00–3:00 PM):** \$20/day
  - **Private Tutoring:** \$40/hour
  - **Reading Specialist:** \$100/hour
  - **Piano Lessons:** \$40 / 30 minutes
  - **Flute Lessons:** \$40 / 30 minutes
  - **Occupational Therapy (OT):** Available upon request (pricing discussed individually)
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## Student Information

- Child's Name: \_\_\_\_\_
  - Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
  - Parent/Guardian Name(s): \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email: \_\_\_\_\_
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## Emergency Contact Information

- Name: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
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## Medical Information

- Allergies (food, medication, environmental):

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- Medical Conditions/Diagnoses:

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- Medications (if any):

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**Does your child require any special accommodations?**

Yes  No

If yes, please explain: \_\_\_\_\_

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## Camp Schedule & Enrollment

Please select days attending:

Monday  Tuesday  Wednesday  Thursday  Friday

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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## Add-On Services

- Before Care (9–10 AM)
- After Care (2–3 PM)
- Private Tutoring
- Reading Specialist
- Piano Lessons (30 min sessions)
- Flute Lessons (30 min sessions)
- Occupational Therapy (OT – by request)

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## Payment Policy

- Payment is due prior to attendance unless otherwise arranged.
- No refunds for missed days unless due to emergency or illness with notice.
- Add-on services must be scheduled in advance and are billed separately.

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## Liability Waiver & Release

I, the undersigned parent/guardian, understand that participation in SOLAAR programs involves activities that may include physical movement, social interaction, and hands-on learning experiences.

I hereby release, waive, and discharge SOLAAR, its owners, staff, contractors, and volunteers from any and all liability for injury, illness, or damages arising from participation in camp activities, except in cases of gross negligence.

I certify that my child is physically able to participate in camp activities and that all medical information provided is accurate.

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## Illness Policy

- Children must stay home if experiencing fever, vomiting, or contagious illness.
  - Parents will be contacted for immediate pickup if a child becomes ill during camp.
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## Behavior Policy

SOLAAR is committed to a safe and supportive environment.

- Respectful behavior is expected at all times.
  - If a child's behavior disrupts the safety or learning environment, parents will be notified.
  - Continued concerns may result in dismissal from the program without refund.
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## Photo & Media Consent

**YES**, I give permission for my child to be photographed or recorded during camp activities. I understand these images may be used for promotional purposes (website, social media, marketing materials).

**NO**, I do NOT give permission for my child to be photographed or recorded.

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## Emergency Authorization

In the event of an emergency, I authorize SOLAAR staff to seek medical treatment for my child if I cannot be reached. I understand that I am financially responsible for any medical care provided.

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## Parent/Guardian Agreement

I have read and agree to all policies, waivers, and procedures outlined in this form.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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