

215 Boulevard ▪ Mountain Lakes, NJ 07046 ▪ (973) 263-1818 ▪ (973) 331-9459 (fax)
 www.theacademyforchildren.org theacademy@optonline.net



Register Now Children 18 mo. to 9 Yrs. old (PreK – Gr 3)
 4 Weeks: Offered Mondays through Fridays-- with Before Camp Program

2023 Fun Summer “Science Adventures” Camp

Science is a BLAST! Are you ready for some fun science this summer?

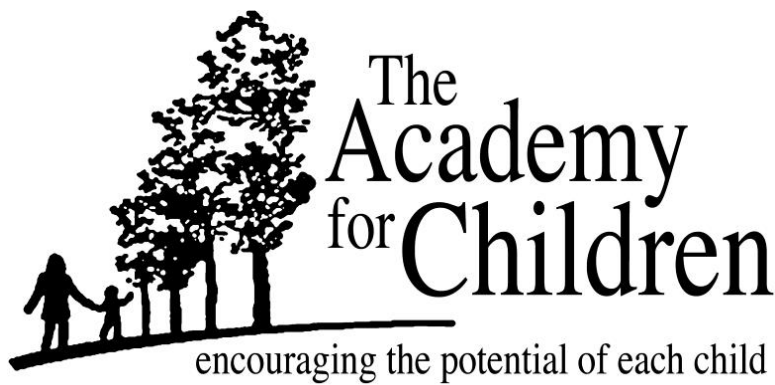
- Daily Exploration

Monday-Friday 9am-12:00 Noon -or- 9am to 1:00 pm			
Before Camp Early Program 8:00-8:30-9:00am			
#1	July 10-14	#3	July 24-28
#2	July 17-21	#4	July 31-Aug 4

- Science Experiments, Sensory Explorations, STEM Activities
- Interactive investigation and exploration:
 - NASA Kids Club
 - National Geographic Kids
 - Brain Pop Jr.
- Science Discovery:
 - Animals, Habitats, Oceanography, Dinosaurs, Paleontology, Astronomy, Senses, Weather, Magnets, Plants and Biology
- Hands on Creative Projects to take home
- Individualized Reading and Math throughout all activities to keep us primed for September!
- Fun outdoor and indoor play throughout the sessions!

For Our Application: Call, Email or Download - www.theacademyforchildren.org

The Academy for Children admits students regardless of sex, race, and religious beliefs, or national or ethnic origin to all rights, privileges, programs and activities available to students of the school.



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www.facebook.com/academyforchildren

2023 FUN SUMMER SCIENCE ADVENTURES CAMP ENROLLMENT INFORMATION

We welcome you to a fabulous Fun Summer Science Adventures Camp at The Academy for Children.

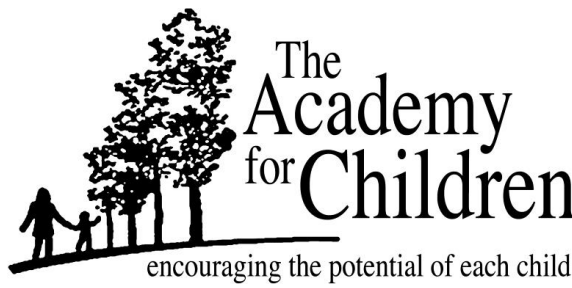
Class size is limited. Enroll today to ensure your space.

To satisfy your child's summer camp enrollment, please submit all forms below.

Enrollment Requirement Checklist (Complete an application for each enrolled child):

- ****Returning Academy Students**** **Returning: student is enrolled in upcoming School Year or has attended any time from 2020 to date**
 1. Enrollment Application Form (including Before Camp Program Forms if applicable)
 2. Full Tuition: Siblings receive a 5% discount only when registered at the same time as first student. Discount is applied only to the tuition of the child who attends fewer days.
 3. Application Fee: waived as a courtesy. Any NEW sibling, see below.
 4. Agreement: please sign and date (this differs from school year agreement and must be signed). Thank you.
- ***New Academy Students:** ***New: if not attended The Academy after 2020 or are not enrolled in the upcoming school year.**
 1. Enrollment Application Form (including Before Camp Program Forms if applicable)
 2. **Full Tuition: Siblings** receive a **5% discount only when registered at the same time as first student.** Discount is applied to the tuition of the child who attends fewer days.
 3. APPLICATION FEE: \$80 per child.
 4. Intake Form (both sides)
 5. Agreement: please sign and date.
 6. Upon receipt of 1-5 above, the Parent Handbook and Receipt will be emailed to you. Please peruse the Handbook and sign "Receipt of Parent Handbook 10-1-22" and return. This will complete your enrollment Application. Thank you.

Upon acceptance, and receipt of 1-6 above, a welcome packet will be sent to complete your enrollment.



e Use Only Child's Name: _____ Application Received: _____ Date of enrollment: DCF: _____ Academy: _____
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Enrollment Application Form
Fun Summer “Science Adventures” Camp 2023
Where Everyday and Every Week is an Adventure

Child's Name: _____ Today's Date: _____

Please complete a separate Application Enrollment & Agreement for each child enrolled.

Times: (Monday through Friday): 9am-12 Noon or 9am-1pm
 Early Camp Program 8:00-8:30-9:00am

Fun Summer Science Adventures Camp: Day/Time Selections:

- Select any or all weeks.
- Place a ✓ on days and times your child will be attending.

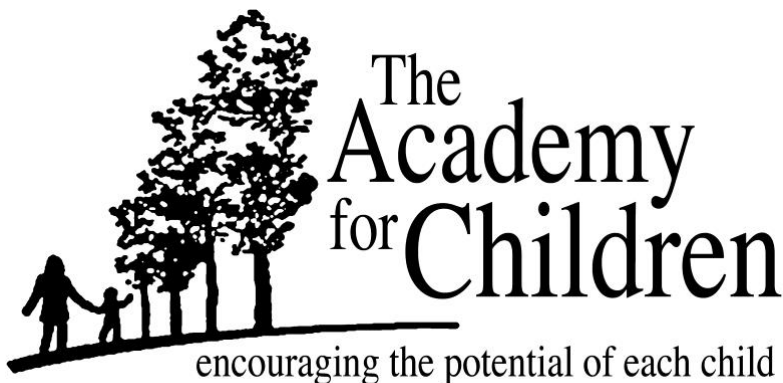
Sessions:	Monday		Tuesday		Wednesday		Thursday		Friday	
	9am-12noon	9-1pm	9am-12noon	9-1pm	9am-12noon	9-1pm	9am-12noon	9-1pm	9am-12noon	9-1pm
1. July 10-14										
2. July 17-21										
3. July 24-28										
4. July 31-Aug 4										

Before Camp Early Program Day/Time Selections:

Before Camp Early Program:

- Select any or all weeks.
- Place a ✓ on days and session (times) your child will be attending.

AM Sessions:	Monday		Tuesday		Wednesday		Thursday		Friday	
	8-9	8:30-9	8-9	8:30-9	8-9	8:30-9	8-9	8:30-9	8-9	8:30-9
1. July 10-14										
2. July 17-21										
3. July 24-28										
4. July 31-Aug 4										



2023 Fun Summer Science Adventures Camp Fees

Registration Fee:

- * **New Students:** \$80 per student * “New Students” are those who have not attended The Academy after 2020 or are not enrolled in the upcoming school year.
- ****Returning Students:** registration fee waived as a courtesy. ** “Returning Students” are those who are either to be enrolled in the upcoming School Year or have attended The Academy at any time from 2020 through the present date. Students who are enrolling in the upcoming School Year for the first time are to pay the school year New Student registration fee but are waived for the summer registration fee.
- **Siblings** receive a 5% discount on tuition fees only when registered at the same time as first student. The discount is applied to the tuition of the child who attends fewer days.

FUN SUMMER SCIENCE ADVENTURES CAMP FEES

Weekly Rates (Monday-Friday):

- 9am-12 Noon: \$230
- 9am-1pm: \$270

4 Weeks (Monday-Friday):

- 9am-12 Noon: \$900
- 9am-1pm: \$1060

Daily Rates:

- 9am-12 Noon: \$58
- 9am-1pm: \$75

BEFORE CAMP EARLY PROGRAM FEES

Daily Single Session Rate:

- \$20 for each half hour selected

Weekly Rates (Monday-Friday):

- 8:30am-9:00am: \$75
- 8:00am-9:00am: \$145

4 Weeks (Monday-Friday):

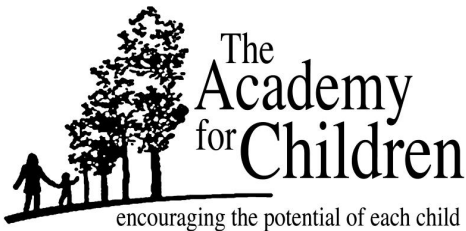
- 8:30am-9:00am: \$285
- 8:00am-9:00am: \$580

Please Select Payment options below for your total amount due of Registration fee \$_____ and Camp fees \$_____

- Enclosed is a check # _____ made payable to The Academy for the total amount due of \$ _____
- Send me an invoice online for my total amount due of \$ _____ (Receipt of payment confirms enrollment)
- If returning family, please Invoice me on Brightwheel for the total due: \$ _____

Parent’s Signature: _____

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Please enclose Student's
 Photo with this Intake
 Form
 Thank you.

Office Use Only
 Student's Name:
 Last: _____
 First: _____
 Initial Enrollment Date: _____
 Age at Initial Enrollment:
 DCF: _____
 Academy (as of Oct. 1st)

Intake Form (please complete both sides)

Name of Person Completing this form: _____ Relationship to Student: _____

Today's Date: _____

Student's Full Name: _____

Nickname (you wish your child to use): _____

Date of Birth _____ City/ State of Birth _____

Age as of October of this school year: Years: ____ Months: ____

Male Female

Please Indicate Race (Optional): _____

Address: _____

City _____ State _____ Zip Code _____

Primary Contact Telephone: (_____) _____

Your child will learn this phone number

Please list all members of the student's family household:

Parent(s): _____

Other adult(s): _____

<u>Sibling/s</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Status:

- Parents married Parents separated
 Parents divorced Parent deceased

Child's Physician Information
PRINT CLEARLY

Child's Primary Physician's Name:

Address: _____

Phone: _____

Mother/Guardian full name: _____

Date of Birth: _____

Address if Different from child's: _____

(_____) (_____) _____

Home Phone _____ Work Phone _____

(_____) _____

Cell Phone _____

_____ e-mail _____

Employer _____

Position _____

Colleges attended; degrees _____

Father/Guardian full name: _____

Date of Birth: _____

Address if different from child's: _____

(_____) (_____) _____

Home Phone _____ Work Phone _____

(_____) _____

Cell Phone _____

_____ e-mail _____

Employer _____

Position _____

Colleges attended; degrees _____

What holidays do you and/or your immediate family celebrate:

What special talents would you be willing to share with The Academy: _____

How did you hear about The Academy?: _____

MEDICAL INFORMATION:

GENERAL HEALTH, DIET AND ACTIVITY LEVEL

Describe the child's diet: _____
Food allergies? yes / no / never been tested If yes, please list: _____
History of ear infections/congestion? yes / no Decongestants/medications used: _____
Glasses? yes / no If yes, what is the prescription for: _____
Child sleeps from _____ to _____ Does your child still require a nap? yes / no from: _____ - _____
Daily physical activities enjoyed: _____

MEDICATIONS:

Prescription: yes / no Over the counter: yes / no List medication/s: _____
• **IF PHYSICIAN ORDERED MEDICATION IS REQUIRED: PLEASE CONTACT THE OFFICE FOR RELEASE FORMS NOW**
• List any medical conditions that may limit any activity? _____

BEHAVIOR

List your child's specific positive behaviors: _____
List any negative behaviors you would like addressed: _____
Your specific behavioral goals for your child: _____

DEVELOPMENTAL MILESTONES

Please list the age when your child first:
crept (on hands and knees) _____ years _____ months
walked _____ years _____ months
became toilet trained _____ years _____ months
spoke first word _____ years _____ months
spoke in sentences _____ years _____ months

Describe your child's coordination and balance: _____
Is your child in diapers? (day) yes / no (night) yes / no
If your child is in the process of being toilet trained, The Academy will coordinate with you during this process.
Please list your current routines: _____

LANGUAGE, READING, AND MATH

Describe any articulation concerns giving specific examples of initial or ending letter sounds, stammer/stutter: _____
Child speaks in # _____ words / phrases / sentences Give example: _____
Child can count to # _____ Child can ID numerals 1 ⇨ _____ Child can ID: uppercase: A ⇨ _____ lowercase: a ⇨ _____
Does your child enjoy being read to? yes / no

HAND PREFERENCE: circle one or if both hands used – circle both
writing/scribbling: left / right bat/ball: left / right throwing: left / right
Describe how your child holds a pencil/crayon: _____ Any concerns? _____

EDUCATIONAL EXPERIENCES

List any previous schools/programs/lessons attended and dates of attendance _____

STRENGTHS

- Exceptional abilities, academic, physical, artistic, musical: _____
- What activities does your child enjoy outside of school? (e.g. sports, major interests, etc.): _____

CONCERNS

- Share any event which may be affecting your child adversely: _____
- Has your child experienced any difficulties in school? _____

GOALS

- What do you feel The Academy can best offer your child? _____

ENROLLMENT AGREEMENT

The Academy’s “Fun Summer Science Adventures” Camp

1. Once accepted into The Academy, all fees, tuition deposits and installments are nonrefundable:
 - A. APPLICATION FEE:
 - \$80.00 if “*New” to The Academy
 *New Student: not attended Academy after 2020 or not enrolled in upcoming School Year
 - Fee waived if a “*Returning” Academy Student
 **Returning Student: enrolling in upcoming School Year or attended The Academy at any time from 2020 to present date
 - B. TUITION: paid in full
2. The person signing below is responsible for paying all fees in full. Credits or pro-rated refunds are not given due to illnesses, religious or legal holidays, public or other school schedule conflicts, family vacations, early withdrawal, or decreased days/times after initial enrollment except in the rare circumstances of documentation of a catastrophic illness that creates a major financial hardship for the family. **Missed days cannot be made up on other days because of staffing and class size restraints.**
3. Any questions/and or difficulties payments should be discussed before signing this Agreement. This Agreement is binding. It is your responsibility to remit tuition payments on time. Failure to remit payment on time, may result in suspension of your child.
4. **Tuition Fees are refundable only as follows (in full or prorated as applicable)**
 - If it is determined by The Academy school administration and faculty that the child is a danger to himself and others and must be withdrawn from the school immediately.
 - If a child is having significant difficulties at school, i.e., separating from parents, adjusting to the program, etc., even after attending for several weeks consistently, and is asked to be withdrawn.
 - If a child with special needs must be withdrawn due to a lack of availability of additional support personnel as needed, as determined by The Academy administration, staff, consultation with professionals and parents, and/or the IEP established in conjunction with the child’s sending school district.
 - If we feel we cannot meet your child’s needs after implementing various reasonable interventions over a period of time, and we require withdrawal from the school.
5. Daily Rates apply for any sessions/days added after initial enrollment period. Should space and staffing permit, additional days &/or week/s may be available.
7. Late dismissal and/or early arrival beyond 5 minutes of your child’s schedule will require additional staffing to ensure the child is well monitored. You will be billed at the Before School Program rate of \$20 per session.
8. Parents are advised in advance that changes may not be possible, so your initial selections should be made carefully.
9. A \$50 fee will be charged for each check returned from the bank.
10. A \$50 fee will be charged for each VISA/MasterCard payment that cannot be processed. It is the parent’s responsibility to keep the office updated on any card changes (addresses, security codes, etc.)
11. No student will be released to anyone other than his/her parent without a transportation release signed by the parent in advance of dismissal.
12. 5% Sibling Discount **only when registered at the same time as 1st student.** The discount is applied to tuition of the child who attends fewer days. The first child pays regular payment amounts.
13. A returning student may be billed/invoiced and remit payment via Brightwheel.
14. I understand the signed Agreement, Receipt of Parent Handbook, Transportation Form, Authorization Form, and Universal Health Form are a part of this agreement. **Upon receiving the Parent Handbook, I will sign the Receipt of such.**

Registration constitutes an obligation on the part of the parents/guardians for the payment of all Summer Program Fees, with the only exceptions being those stated above and on the “Camp Fees” page. I hereby agree to meet tuition and fees obligations as outlined. Once this agreement is signed, I realize I am committed and agree to the rates and fees written.

I give my child permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event, I cannot be reached in an emergency, I hereby authorize The Academy Staff to allow emergency care, to call an ambulance, and/or to permit hospitalization and treatment for my child.

I, _____ have read the above policies and realize my commitment to a total fee of \$ _____ due at the time of enrollment (this includes a fee of _____ for Summer Camp and _____ fee for Before Camp Program and a registration fee of _____). I realize there will be NO CREDITS or refunds given for absences due to illness, holidays, family vacations, or early withdrawal. I also realize my commitments to the above policies, fees and payment schedule. All payments are to be made by check, invoice through Brightwheel, or credit card to: The Academy for Children, 215 Boulevard, Mountain Lakes, NJ 07046.

Date _____ Signed _____

 Parent or legal guardian

Date _____ Signed _____

 Academy Representative

The Academy for Children, Inc. admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs & activities generally accorded or made available to students at the The Academy. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions, policies, scholarships and loan programs, athletic and other Academy for Children administered programs.

