



APM Summer Camp Enrollment Form

Child's Name : _____ Date of Birth (M/D/Y) : ___/___/___
School _____ Age : _____
Home Address _____

Parent Information:

Mother's Name: _____
Cell Phone: _____ Email: _____
Father's Name: _____
Cell Phone: _____ Email: _____

Emergency Information:

Child's Physician: _____ Phone: _____
Allergies or medical conditions: _____

Medical Provider Information:

Insurance Provider Name: _____
Group Number/ Member ID: _____

Emergency Contacts (Other than Parent):

1. Name: _____ Cell Phone: _____
2. Name: _____ Cell Phone: _____

THEMES FOR SUMMER CAMP 2024

- Session 1: July 8- July 12
Theme: **Emotions**
- Session 2: July 15- July 19
Theme: **Dinosaurs**
- Session 3: July 22- July 26
Theme: **Christmas in July**
- Session 4: July 29- August 2
Theme: **Olympic Games**
- Session 5: August 5- August 9
Theme: **Human Body**
- Session 6: August 12-August 16
Theme: **Little Chemist**
- Session 7: August 19-August 23
Theme: **Wild Animals**

Note: Please send the following items to the camp: a water bottle, diapers and wipes for non-potty trained children, sunscreen, a cap, and an extra pair of clothes.

SESSION OPTIONS & FEES

- 2 day a week 8:00 am to 5:00 pm: \$320.00
- 3 days a week 8:00 am to 5:00 pm: \$480.00
- 5 days a week 8:00 am to 5:00 pm: \$675.00

Families registering multiple children receive a 5% discount for each additional child. Full payment is required upon registration.

Please note our cancellation/refund policy: Cancellations before May 31st will incur a 20% processing fee; no refunds will be issued after this date. Late pick-up charges will apply \$2/Min after 5:00pm & will be payable in cash.

Is the child Potty Trained? YES / NO

AGREEMENT

1. If APM determines that my child is too ill to attend camp, I will arrange for my child's prompt pickup within two hours of notification.
2. I authorize APM to seek immediate medical assistance in case of emergency when I cannot be immediately reached.
3. I authorize APM's staff to apply sunscreen to my child. My child has never had an adverse reaction to sunscreen. (If your child has had adverse reactions, please notify APM separately in writing.)
4. I will inform APM within 24 hours (or the next business day) if my child or anyone in their immediate household develops any reportable communicable diseases.
5. I give APM permission to use my child's work samples or photographs for promotional purposes.

By submitting the above form, I acknowledge that I have read and understood the session themes, fees, payment, cancellation and other policies as well as the authorization terms. I agree to abide by these conditions and authorize my child's participation in the selected sessions.

Name: _____ Signed: _____
Date: _____

WAIVER OF LIABILITY

At Au P'tit Monde, Peninsula Inc.(APM), safety of the children and staff is our top priority. We take every effort to make the APM facility a very clean, safe and childproof place. Kids are always under constant supervision of the school staff, however if accidents happen, we understand that teachers will take good care with first aid and/or provide any required help along with notifying parents immediately. As the parent or guardian of a minor child (hereafter "my child") participating in activities of this summer camp program, I hereby waive and release any claims, I or my child may have, now or in the future, against APM or its staff arising from injuries to my child or damages to my child's or my belongings sustained while my child is (1) at the APM's facilities, (2) participating in summer camp activities, or (3) being transported to or from the APM's facilities or activities, regardless of whether such injuries or belongings damage is caused in whole or in part by the APM's active or passive negligence. In the event of an injury to my child, I hereby give APM my permission to arrange transportation for my child to a hospital, and/or provide my child with emergency treatment or first aid,

although I understand that the APM does not assume any responsibility to take any of these actions. I have carefully read this waiver and release and agree to the terms stated. By signing this form, the student or/and the parent(s) hereby and forever discharge, release and hold harmless APM and its staff from all liabilities and lawsuits regarding any damage, loss, illness, or injury resulting from the student's participation in programs at the facility, outdoor and in field trips. APM updates parents from time to time of their activities by sharing pictures of their child/children. I grant permission to use photographs or videos of my child taken during activities for promotional purposes, including but not limited to print media, websites, and social media.

Parent/Guardian Signature: _____

Date: _____

Please return this completed form to:
Au P'tit Monde of Peninsula
1980 Clarke Avenue
Palo Alto East, California 94303

Payments are made through Brightwheel only.

Au P'tit Monde of Peninsula follows a non-discrimination policy in its admissions, hiring, and educational practices.

For office use:

Received by: _____ Date: _____