



## SUMMER BY THE WEEK! REGISTRATION Children Entering Grades 1-5 Fall 2019

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Grade in fall 2019: \_\_\_\_\_ *Child Must Be Entering Grades 1-5*

Parent or guardian name \_\_\_\_\_ UO ID# \_\_\_\_\_ Relationship \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_ Work# \_\_\_\_\_

Email address \_\_\_\_\_ Cell # \_\_\_\_\_

Parent or guardian name \_\_\_\_\_ UO ID# \_\_\_\_\_ Relationship \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_ Work# \_\_\_\_\_

Email address \_\_\_\_\_ Cell # \_\_\_\_\_

How did you hear about us?  Family/Friend  Ad  VO CDC Website  UO Website  Other \_\_\_\_\_

**HOURS AND FEES:**

**Camp Hours:** 8:00 am - 5:30 pm (Field Trips & themed activities occur between 9:00 am – 4:00 pm)

**Deposit:** \$20 **Non-refundable** deposit per week due at time of registration. *Applied to weekly tuition.*

**Tuition:** UO-Affiliated Families \$230/week  
 Community Families \$245/week  
 Late Pickup Fee \$1/minute

PLEASE ENROLL MY CHILD FOR THE FOLLOWING WEEKS:

		Deposit	UO-Affiliate	Community	Tuition Balance Due by:
		\$20	\$230	\$245	
<b>Wk 1</b>	<b>June 24-28 • Outdoor Explorers</b>				May 24
<b>Wk 2</b>	<b>July 1-3* • Birds, Bugs &amp; Beasts</b> <i>*No Camp 7/4&amp; 7/5</i>				May 31
<b>Wk 3</b>	<b>July 8-12 • Old Fashioned Summer</b>				June 7
<b>Wk 4</b>	<b>July 15-19 • Icky Sticky Science</b>				June 14
<b>Wk 5</b>	<b>July 22-26 • Carnival Craze</b>				June 21
<b>Wk 6</b>	<b>July 29 – August 2 • Just Plane Crazy</b>				June 28
<b>Wk 7</b>	<b>August 5-9 • Wizards, Fairies &amp; Elves</b>				July 5
<b>Wk 8</b>	<b>August 12-16 • Olum Science &amp; Space Academy</b>				July 12
<b>Wk 9</b>	<b>August 19-23 • Stop Motion Animation</b>				July 19

\* Center closed July 4&5 to observe Independence Day.

For this week only rates are: UO-Affiliated families - \$138, Community families - \$147.

**BALANCE DUE:** *Weekly tuition is due 30 days prior to the beginning of each camp week (see payment due dates above). Failure to pay balance will result in the deposit being forfeited and registration will be cancelled.*

**CANCELLATION POLICY:** *Cancellations received 30 days prior to the start of camp will receive a full refund less the \$20 deposit. Cancellations received two weeks prior to the start of camp will receive a 50% refund less the \$20 deposit. Cancellations received one week prior to the start of camp will receive a 25% refund less the \$20 deposit. No refunds will be given for cancellations with less than one week's notice.*

I am enrolling my child as indicated on this form. I understand that a \$20 non-refundable deposit per week is required at the time of registration to reserve my child's space. Weekly tuition is due 30 days prior to the beginning of each camp week for registration to be complete.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please complete back side*

As a parent or legal guardian of \_\_\_\_\_, I hereby authorize staff members of the Vivian Olum Child Development Center to consent to any medical or surgical treatment of the above-named child, which such staff person deems advisable, if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. In an emergency, staff members of the center have my permission to call an ambulance or transport my child by taxi to any available physician or hospital at my expense.

During school hours the parent or legal guardian will be at the following location:

\_\_\_\_\_ Phone: \_\_\_\_\_

If parent or legal guardian cannot be reached, contact person(s) to be called (at least 1 must be local):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance co. \_\_\_\_\_ Group number \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_ Policy or Personal ID # \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP MY CHILD**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**CHILD'S PERSONAL HISTORY**

Medical information about the child that would be helpful to the staff (allergies, prescribed medication, other):

Anything else we should know: \_\_\_\_\_

**In order for your child to be enrolled in *Summer by the Week!* permission must be granted for participation in both field trip and water activities.**

**PERMISSION TO GO ON FIELD TRIPS**

Part of our weekly program with children is to explore community resources such as museums, parks and the UO campus. In addition, depending on the weekly theme, field trips are planned for: Alton Baker Park, Brownsville Museum, Cascade Raptor Center, Enchanted Forest, Elijah Bristow St. Park, Eugene Science Center Planetarium, Lane Co. Fair, Mt Baldy, and Oregon Air & Space Museum. Transportation is by foot or by VOCDC activity bus driven by VOCDC staff who are certified drivers.

**Yes, I give permission for my child to participate in field trips.**

**PERMISSION TO PARTICIPATE IN SWIMMING AND WATER ACTIVITIES**

**Yes, I give permission for my child to participate in water activities.**

**SUNSCREEN AUTHORIZATION**

My child is not sensitive to ingredients in sunscreen and any brand can be used. Please apply sunscreen to my child as needed, twice daily.

My child is sensitive to some sunscreen ingredients, so please only use \_\_\_\_\_ which I will supply. (Please No spray sunscreen)

I prefer my child not use any sunscreen.

**MEDIA**

I understand that VOCDC may take photographs and/or video of my child during camp activities that may be used for marketing and publicity of the Summer By The Week! program.

SIGNATURE of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

*The above authorizations will be effective as of the first day my child is enrolled in camp and will expire on August 23, 2019 or the date my child is withdrawn from the center.*