



Patriot's Promise Summer Camp Registration

General Information

Student Name: Last First M.I.

Address: Street Address Apartment/Unit # City State ZIP Code

Home Phone: Alternate Phone:

Parent Email

2019 - 2020

Grade Level: Teacher Name:

Parent/Guardian Names (enter names that student lives with):

Sibling(s) Attending Summer Camp

Mother's Employer: Mother's Work Phone:

Father's Employer: Father's Work Phone:

Emergency Contact Information

Emergency #1 Name: Email:

Cell Phone: Home Phone:

Emergency #2 Name: Email:

Cell Phone: Home Phone:

Emergency #3 Name: Email:

Cell Phone: Home Phone:

Authorization to Pick Up

Please list below the persons who are authorized to pick up your child from Patriot's Promise, including all family names. Anyone who is not listed will not be allowed to pick up your child without notification in writing or by phone.

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Medical Information

Primary Physician Name: _____ Physician Phone #: _____

Insurance Carrier: _____ Insurance Phone #: _____

Group Number: _____ ID Number: _____

Insured Party: _____

Please describe any allergies.

Please describe any medical conditions that may affect activity.

If you cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct school authorities to send the child (properly accompanied) to the hospital or doctor most easily accessible?

YES NO

Agreements

- I understand that I must submit any changes, withdrawals or applications to the Patriot's Promise Coordinator by the Wednesday prior to the Monday your changes, withdrawal or enrollment into Patriot's Promise will occur. A withdrawal form must be completed in order for my child to be officially removed from the Patriot's Promise program. _____ **Initial**
- I understand that during the summer, I must contact the main office with questions, changes of address, telephone numbers, withdrawals, change of school, or free/reduced lunch status changes. _____ **Initial**
- I understand that Patriot's Promise attendance begins on Mondays with the exception of holidays when school is not in session or the return from winter break. _____ **Initial**
- I understand that my child may be removed, without prior notice, from the program if his/her behavior interferes with the learning or safety of others. No refund of fees collected will be paid. _____ **Initial**
- I understand that students are to be picked up by 6:00pm daily. After 6:00pm, a fee of \$1.00 for each minute will be imposed. My child may be removed from the program due to continual late pick-up or non-payment of late fee not to exceed three or more times. _____ **Initial**
- I understand that students are expected to attend each day, and fees will be charged for each day regardless of attendance. If my child has an extended illness of a week or more, it is my responsibility to contact the PP Coordinator to receive a financial credit. _____ **Initial**
- I understand that any change in lunch status will take place upon notification from Food Service department. Once Patriot's Promise is notified, the change in charge will occur the following draft week to allow time for processing. _____ **Initial**

Parent's Signature: _____

Date: _____

Parent Name: _____

Patriot's Promise: Payment Program Enrollment Form

Your bank account will automatically be drafted each Monday to pay for your child's Patriot's Promise tuition throughout the school year (with the exception of bank holidays, in which your account will be drafted on Tuesday).

Student Name: _____
Last *First* *M.I.*

DRAFTEE INFORMATION

Name: _____ Relationship _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Please fill in the date you wish your child to begin Patriot's Promise. If the start date is not indicated by parent and all information is correct the draft will begin the following Monday. Once the draft has occurred no refund will be given if the start date was not given or given incorrectly by parent. Changes in bank information, adds and withdrawals must be submitted by Wednesday to take effect the following draft date.

Summer Camp \$150/week, \$75 non-refundable deposit required before April 12th

Payment: In order to complete your child's Patriot's Promise registration, you must provide either a pre-printed check or a letter from your bank (starter checks and/or deposit slips are not acceptable). This letter must state the type of account (Checking or Savings), the routing number, account number, draftee's name, draftee's address, draftee's phone number and verification that this account may be drafted by ACH debits. This letter must be on bank letterhead and signed by a bank employee. Acceptable draftees are parents/legal guardians and grandparents. Patriot's Promise application must be submitted to the Coordinator for enrollment and parents must enroll in automatic draft program.

Preauthorization Form

I (we) hereby authorize York Preparatory Academy, to initiate debit or credit entries to my account by funds transfer and/or automated clearing house ("ACH") transfer for the purpose of paying my child's Patriot's Promise tuition. I understand that in the event my account has insufficient funds to cover the payment drafted, or my draft rejects due to any other reason, a \$30.00 reject fee will be assessed per draft as allowed by State law. Parents with a reject and non-payment by the designated time will be removed from the program for the following week and will remain out of the program until all fees have been collected. Patriot's Promise Coordinator will contact parents whose drafts have returned, to discuss collection for continuance of his/her child in the Patriot's Promise program. After the third reject, the child will be removed from the program for the remainder of the school year.

I am an authorized party of the account listed above, and am exercising my powers as such.

Type of Account: CHECKING SAVINGS:

Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE OR SUBMIT BANK LETTER WITH APPLICATION