



Summer Camp Registration Form Agreement 2024

Child's Last Name _____ Child's First Name _____

Date of Birth (mm/dd/yyyy) _____ Gender: F M

Street Address _____

City & County _____ State & Zip _____

Main Phone Number _____ Main E-mail Address _____

Father's Name _____ Mother's Name _____

Father's Work Number _____ Mother's Work Number _____

Father's Mobile Number _____ Mother's Mobile Number _____

Father's Email Address _____ Mother's Email Address _____

Emergency Medical Contact

Doctor's Name _____ Phone _____

Address _____

Who should be contacted in an emergency when parent cannot be reached?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Person authorized to pick up child (other than parents):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please list any physical restrictions, dietary restrictions, health concerns, allergies:

I affirm that my child is in good health and able to participate in all Summer Camp activities. I release AEBS from possible claims for injury to person or property which may arise from participation in activities and hereby agree to hold harmless AEBS, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation.

Signature of Parent _____ Date _____

Medical Release

I hereby give permission for my child to receive first aid assistance when necessary and be transported for emergency medical treatment to a hospital, (in case neither parent(s) nor emergency contact cannot be reached).

Signature of Parent _____ Date _____

Participation Release

I hereby give permission for my child to accompany her/his class on field trips authorized by the AEBS staff.

Signature of Parent _____ Date _____

Transportation Release

I hereby give permission for my child to be transported to and from AEBS facilities for field trips authorized only by AEBS staff.

Signature of Parent _____ Date _____

Image Use Release

I hereby give permission for my child to be included in any image recording (picture or movie) connected with the school's program. I understand that those images may be used as documentations on the school website.

Signature of Parent _____ Date _____

I understand that my designation is my binding agreement to enroll my child for the days indicated:

WEEK 1
May 28th - May 31st

WEEK 2
June 3rd -7th

WEEK 3
June 10th - 14th

WEEK 4
June 17th – 21st No school on 11th

WEEK 5
June 24th – 28th

WEEK 6
July 1st – 5th No school on 4th

WEEK 7
July 8th- 12th

WEEK 8
July 15th- 19th

WEEK 9
July 22nd - 26th

WEEK 10
July 29th -Aug 2th

WEEK 11
August 5th – 9th

WEEK 12
August 12th -16th

WEEK 13
August 19th -23rd

WEEK 14
August 26th -30th

Summer Camp Full Day:

M–F | 7:30am–3:30pm | \$355 per week

Summer Camp Two Day:

T, TH | 7:30am–3:30pm | \$220 per week

Summer Camp Three Day:

M, W, F | 7:30am–3:30pm | \$269 per week

After School:

Full Time | Mon-Thru 3:30–5:30pm (**Fridays3:30- 4:30**)* |
\$25 per week

Part Time | 3:30–5:30pm | \$20 per week

Terms of Enrollment

1. Registration summer camp fee is 125 per family. This fee is covered before the start day of camp.
2. Payment will not excuse any additional fees or tuition that may be owed to Austin Eco Bilingual School. Waiting list fees are \$30/child (non-refundable).
3. Registration for the Summer Language Immersion Camp is open to all children from ages 2 to 10. Registration is considered complete when the Registration Form is completely filled out and the corresponding deposits paid.

4. Registration is available on a first-come first-served basis. If a class reaches capacity, a waiting list will be developed, and every effort will be made to create additional spaces. The AEBS has the right to cancel any class due to insufficient registration. If that should happen, a full refund will be provided.
5. All fees and tuition must be paid on time. Balances must be paid by the first day your child attends the Summer Camp.
6. No refunds will be made. Cancellation after the child's first day at Summer Camp will result in forfeiture of all fees and tuition paid and will not excuse liability for tuition for additional Summer Camp sessions for which the child is enrolled. No refunds will be made for absences or withdrawals during the camp. In the case of extended illness or accidents, a written note is required in order to receive pro-rated refund. Paid camp tuitions are non-transferable. All changes must be in writing and sent to the Executive Director.
7. It is understood that the parent or guardian signing the application certifies that their child will follow all rules and regulations and will abide by all decisions by the camp administration. In the event that the rules are broken, proper action will be taken by the camp administration. If there is no change in behavior, the child will be dismissed without a refund. In the event the child causes damage to another person or property, the parent or guardian will be liable for all damages incurred.
8. Medication and special needs of students must be indicated on the student's medical forms. These forms are given out with the Registration forms. Students will not be allowed to attend a single day of camp unless all paperwork is complete.
9. In case of a medical emergency, all efforts will be made to contact the parent or emergency contacts and the child's doctor. In the event that this is not possible, the parent hereby given permission to the physician selected by the Executive Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or other procedures to stabilize the camper's condition.

Name of Parent _____

Signature of Parent _____ Date _____

Return all forms to **8707 Mountain Crest Dr. Austin Texas 78735**