



CAMP REGISTRATION COMPLETION CHECKLIST

**PLEASE NOTE THAT ALL CAMPERS WILL BE 5 DAYS.
THERE IS NO 3 DAY OPTION FOR 3's 4's or 5's.**

**Camp registration is on a first come first served basis.
Once groups are full, no more applications can be accepted.**

Please make sure all applicable forms are completed before submitting your application.

- Completed Application & Schedule Options
- Non-refundable deposit equal to one week of camp tuition and a \$60 registration fee. **Cash or check payable to "RNSK"**
- Signed and initialed RNSK Tuition & Refund Policy
- Completed & Signed Emergency Form
- Completed & Signed Sunscreen Form
- Completed Medical Forms obtained from your doctor (including well visit, updated immunizations, and TB test / waiver form)

****ENROLLMENT DEADLINE: WEDNESDAY, APRIL 19, 2024****



2024 ENROLLMENT APPLICATION

CAMPER'S LAST NAME: _____

CAMPER'S FIRST NAME: _____

DATE OF BIRTH: _____ **GENDER:** _____

STREET ADDRESS: _____

CITY, STATE, & ZIP CODE: _____

HOME PHONE #: _____

MOTHER'S NAME: _____

MOTHER'S EMAIL ADDRESS: _____

MOTHER'S CELL PHONE: _____

FATHER'S NAME: _____

FATHER'S EMAIL ADDRESS: _____

FATHER'S CELL PHONE: _____

ALLERGIES/MEDICAL CONCERNS: _____

****ALL MEDICAL FORMS (WELL VISIT & IMMUNIZATIONS)
MUST BE HANDED IN WITH APPLICATION****

****ENROLLMENT DEADLINE: WEDNESDAY, APRIL 19, 2024****



2024 CAMP RIDGEWAY FEES AND SCHEDULE OPTIONS

CHILD'S NAME: _____

GRADE IN **SEPT 2024** (CIRCLE ONE): 3's 4's K

Registration Fee - \$60	
Early Drop Off (8:30AM)	\$13 / day
5 Half Days (9AM – 12PM)	\$315 / week
5 Full Days (9AM – 3PM)	\$435 / week
5 Extended Days (9AM – 4:30PM)	\$530 / week
Students enrolled 5 days per week, FOR THE FULL SIX WEEKS will receive a 10% discount on base camp tuition only.	

PLEASE CHECK THE SCHEDULE CHOICES FOR **EACH** WEEK YOU ARE REGISTERING:

Week 1: July 1st – July 5th (1/2 Day: \$252/Wk, Full Day: \$348/Wk, Ext. Day: \$424/Wk)

		EDO 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 4:30PM
	4 days – (M/T/W/F)	NOCAMP on THURS. 7/4			

Week 2: July 8th – July 12th

		EDO 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 4:30PM
	5 days - Mon – Fri				

Week 3: July 15th – July 19th

		EDO 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 4:30PM
	5 days - Mon – Fri				

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2024 CAMP RIDGEWAY FEES AND SCHEDULE OPTIONS

Week 4: July 22nd – July 26th

	EDO 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 4:30PM
5 days - Mon – Fri				

Week 5: July 29th – August 2nd

	EDO 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 4:30PM
5 days - Mon – Fri				

Week 6: August 5th – August 9th

	EDO 8:30AM	Half-day 9AM – 12PM	Full Day 9AM – 3PM	Extended Day 9AM – 4:30PM
5 days - Mon - Fri				

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**CAMP RIDGEWAY TUITION & POLICY AGREEMENT BETWEEN
PARENTS AND RIDGEWAY NURSERY SCHOOL & KINDERGARTEN**

1. I give permission for Ridgeway Nursery School & Kindergarten to seek emergency treatment for my child.
2. I assume all responsibility for my child en-route to and from camp.
3. I understand that I must remit a **non-refundable deposit equal to one week's camp tuition + a \$60 registration fee** along with the camp application in order for my child to be registered at camp. **NO** spaces will be held without full payment of the deposit.
4. I understand that **ALL** camp fees are to be paid **IN FULL** by **June 2, 2024**. Non-payment of these camp fees will result in forfeiture of your child's space at camp.
5. Refunds will be made only if your child's space can be filled by another camper. The registration fee is non-refundable.
6. Adjustments in payment cannot be made due to illness or holidays. **NO REFUNDS OR DISCOUNTS ARE ALLOWED DUE TO REASON OF TEMPORARY ABSENCE.**

I UNDERSTAND THE POLICIES AS SET FORTH IN THIS AGREEMENT:

Parent Signature: _____

Date: _____

Ridgeway Nursery School & Kindergarten
CAMP EMERGENCY FORM
SUMMER 2024

Child's Last Name: _____

Child's First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Mother's Name: _____ E-Mail Address: _____

Father's Name: _____ E-Mail Address: _____

Mom Cell Phone #: _____ Mom Business Phone #: _____

Dad Cell Phone #: _____ Dad Business Phone #: _____

EMERGENCY CONTACTS: (other than parents):

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Doctor's Name: _____ Phone #: _____

ALLERGIES / MEDICAL CONCERNS: _____

In case of accident or illness, I request that the nursery school contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow physician's instructions. If it is impossible to contact the physician, the school representative is authorized to make whatever arrangements are necessary including calling 9-1-1. I agree to assume financial responsibility for any diagnosis, treatment and / or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. By way of my signature, I hereby consent to and authorize the necessary procedures that have been stated above.

Name: _____ Signature: _____

Authorization for Pick-Up

The following people are allowed to pick up my child. Written permission must be sent to school if other pick up arrangements are required. Please include names, relationship and phone numbers:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent Signature

Date

Photo Consent Form

During the school year, we will be taking photographs of the children as they work and play. Pictures will be used for teacher newsletters, class projects, bulletin boards, etc. Photos may also be displayed on our website and Facebook page. Children's names will not be used on social media.

Please indicate your preferences below:

- _____ Yes, my child can be photographed for school use.
- _____ Yes, my child may be photographed for website / Facebook.
- _____ No, my child cannot be photographed for school use.
- _____ No, my child may not be photographed for website / Facebook.



CAMP RIDGEWAY 2024 SUNSCREEN APPLICATION AUTHORIZATION

SUNSCREEN POLICY:

- Parents are responsible for applying sunscreen to their child prior to arrival at camp.
- For children staying for a **full day only**, parents must provide sunscreen for their children while at camp for staff to reapply later in the day.
- The parent must label the sunscreen bottle with the child's name (using permanent marker), complete this Sunscreen Application Authorization Form, and send to camp on the first day.
- All sunscreen bottles will remain in our staff's care and stored on-site (no sprays please).
- Additionally, parents may also encourage their child to wear a hat when playing outdoors.
- As the parent or guardian of the above child, I give permission for the staff at Camp Ridgeway to apply a sunscreen product on my child, when he or she will be engaging in afternoon outdoor activities.
- I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

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- Staff may use the sunscreen that I am providing with this form:

Child's Name _____

Room # _____

Sunscreen Brand _____ SPF _____

Parent Signature: _____ Date ____/____/____