



# ABERCROMBIE ACADEMY

## 2018 SUMMER CAMP EXTENDED CARE

Name

Date of Birth

Grade/Class just completed as of May 2018  Abercrombie Student? Yes/No

School / Program attended

Home Address

Parent 1 Name

Cell Phone  Work Phone

Parent 2 Name

Cell Phone  Work Phone

Emergency Contact Name  
*Please list name of person approved to call for your child. Children will not be released to anyone other than parents without specific written permission.*

Cell Phone

Does your child have any allergies? Yes/No

*If student is not currently enrolled at Abercrombie Academy, please bring a copy of most recent immunization record.*

Please elaborate on allergies, if applicable.

I give permission for my child to be included in Abercrombie Academy social media photos. No names will be used. *(This includes our school website, photo galleries, promotional material, Facebook and Instagram).*

Yes / No

## Extended Care Fees Per Week

**Option 1** - 6:45 a.m. – 9:00 a.m. - \$35.00

**Option 2** - 1:00 p.m. – 6:15 p.m. - \$90.00

**Option 3** - 4:00 p.m. – 6:15 p.m. - \$35.00

**Option 4** - 6:45 a.m. – 9:00 a.m. and 1:00 p.m. – 6:15 p.m. - \$120.00

**Option 5** - 6:45 a.m. – 9:00 a.m. and 4:00 p.m. – 6:15 p.m. - \$70.00

**Option 6** – Drop in Extended Care \$10 per hour

## Parent Consent

*I hereby authorize the staff member/s at Abercrombie Academy to consent to emergency medical treatment of my child. I will be responsible for all expenses incurred by virtue of the emergency medical treatment of my child and for the transportation to the emergency medical treatment facility. I release Abercrombie Academy staff members from any and all claims or actions from liabilities for the injury that occurs to my child as a result of his or her receipt of emergency medical care. I understand and consent to the responsibilities outlined in the Abercrombie Academy school handbook. In the event that I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I hereby authorize a member of the Abercrombie staff to take my child to the nearest emergency facility.*

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