



**CASCADES  
ACADEMY**  
OF CENTRAL OREGON

## Enrichment Summer Camps

At Cascades Academy

Monday ~ Friday 8-12pm



\*Extended enrollment available until 5:30

Enrollment Packet

Ages 5-7 and 8-10 years

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### About Our Enrichment Summer Camps

All of our Enrichment Summer Camps at Cascades Academy are packed full of Enrichment fun for your child. Our highly talented camp instructors are ready to take your child on new adventures and motivating learning opportunities every week this summer.

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Circle Camps that you want to enroll your child in:

World Travel Expedition ~ June 21-25

Art Original ~ August 9-13

Green Kids ~ June 28 - July 2

Spanish Adventure ~ August 16-20

Orbit Endeavors ~ July 5-9

Under Water: Creatures and Crustaceans ~  
August 23-27

Acting ~ July 12-16

Super Science ~ July 19-23

Music in Motion ~ July 26-30

Culinary Kids ~ August 2-6

#### Camp Details

Separate Programs Designed for Ages: 5-7 and 8-10

#### Schedule:

Monday-Friday 8-12

Extended enrollment available until 5:30pm

#### Tuition:

Weekly camps \$150/week

Extended enrollment \$50/week

**Enrollment Information**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Language: \_\_\_\_\_

**Parent or Guardian's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Working Hours: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Parent or Guardian's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Working Hours: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact #1:**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency Contact #2:**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Other Adults Authorized to pick up your child:**

**Photo Identification Required**

Name/Relationship/Phone: \_\_\_\_\_

Name/Relationship/Phone: \_\_\_\_\_

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

Yes  No If yes please list his/her name and attach the required documentation.

Name and relationship to child: \_\_\_\_\_

Are there any custody or visiting arrangements we need to be aware of?

Medical Provider: \_\_\_\_\_

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

Insurance Information if applicable:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Health: \_\_\_\_\_

Special physical conditions: \_\_\_\_\_

Allergies i.e. asthma, hay fever, insect bites, medicine, or food reactions:

\_\_\_\_\_

Regular Medications: \_\_\_\_\_

Special Diet: \_\_\_\_\_

### Emergency Care—Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_ however, if I cannot be reached, I hereby authorize School of Enrichment to transport my child to the hospital and to secure for my child the necessary treatment. I understand the teachers at the preschool are trained in the basics of first aid and I authorize them to give my child first aid and CPR when appropriate.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Evacuation Information Sheet

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Back up/ emergency people and phone numbers who are authorized to pick up your child in case of an emergency if parents/guardians cannot be reached:

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

If emergency medical care is necessary, I give School of Enrichment, its staff, and/or its management permission for any treatment deemed necessary.

I hereby warrant to School of Enrichment that I am entitled to legal custody and possession of my child and accordingly am authorized to place my child in your care and custody, and further am authorized to sign this emergency evacuation information form.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Permission/Consent Form

I hereby give my permission for my child to be cared for by the School of Enrichment and for my child to use all of the play equipment and participate in all activities of the school.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby grant permission for my child to leave the school premises under the supervision of the staff members for planned neighborhood walks.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby release and hold harmless School of Enrichment, its staff and agents, from any loss or damage to toys, clothes, or any other personal items or articles. I relieve the school of all responsibility for accidents and injuries, claims, damages, or other liabilities for injuries to or damage by my child both on and off the premises, which are not a result of gross negligence by the school, its staff or agents.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I grant permission for my child to be included in evaluations and pictures connected with the Preschool program. My child may be photographed for publicity or news purposes.

\_\_\_\_\_ on site \_\_\_\_\_ off site.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have read and accept the conditions outlined in the Enrollment Packet contract are effective for the duration of my child's enrollment at School of Enrichment.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_